



Management
 Administrative
 Customer Service
 Data Entry
 Sales
 B2B
 Marketing
 Human Resources
 Accounting
 Bookkeeping

Beacon West Placement, Inc.
566 Massachusetts Avenue
Acton, MA 01720

Tel: 978-264-2088

Fax: 978-264-2099

Employee Name: _____
 (Please Print)

Client Company Name: _____
 (Please Print)

Start Day	Start Time In	.25 .50 .75 or 1 Less Lunch	Finish Time Out	Total Daily Hours	
Sunday					Temporary Assignment Completed (Please Circle) Yes or No Date Ended ()
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					Week Ending SATURDAY'S DATE: ()
Saturday					
Total Weekly Hours					

Candidates Signature:
 Signature certifies that the hours shown are true and correct

Client Company Signature:

I hereby certify that I am familiar with the work performed by the above named temporary employee, that he or she has worked the above listed hours, that all work performed was to the satisfaction of the company and the company will pay Beacon West Placement, Inc. the full amount due without deduction. The company agrees that all invoices are payable on receipt. In the event the company hires the above-named temporary candidate for any permanent position at any time, there will be a placement fee charged according to the client company agreement.