



630 – 20 Avenue NW
 Calgary, Alberta T2M 1C8
 Phone: (403) 250-1750
 Fax: (403) 250-2190

Employee Name: _____

Week Ending Date: _____ Employee #: _____

Company: _____

Report To: _____

Signature: _____

In consideration of the furnishing of temporary help by GILLESPIE Personnel Ltd. it is agreed that the Client will not employ the person named herein for a period of ninety (90) days following completion of the assignment unless otherwise discussed with GILLESPIE Personnel Ltd. A fee may be charged if a GILLESPIE employee is hired permanently.

WHITE: Invoice Copy
 CANARY: Gillespie Copy

PINK: Client Copy
 GOLD: Employee Copy

DATE	IN	OUT	IN	OUT	HOURS DAILY
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL HOURS FOR WEEK					

OFFICE USE ONLY	Reg. Hrs.		O/T Hrs	
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