1 2	WEEK ENDING SUNDAY MATTHEWS ITE EMPLOYEE: YOUR NAME (PLEASE PRINT)	IF UNABL	E TO RE	TURN TI	ME CARD	BY 8:0	0 A.M. MONE		R COMPLETE	- a	7 8:00 A.M. TO (847) 249-11
3	YOUR SOCIAL SECURITY NUMBER COMPANY NAME (WHERE YOU WORKED)	TIME	ST1/4 HOU	ONDAY MINS	HRS M			THURSDAY HRS MINS	FRIDAY HRS MINS	SATURDAY HRS MINS	SUNDAY HRS MINS
5	ARE YOU RETURNING? YES NO It is understood by Matthews Temporary that he/she will be responsible for calling in to check on possible employment opportunities at least one time per week if a job assignment has ended. If you do not call in, this may be considered a voluntary quit. CHECK IN (847) 249-1100.	LUNCH IN TIME OUT	E TIME TO THE NEARE								
6	YOUR SIGNATURE (MATTHEWS TEMPORARY) SUPERVISOR APPROVAL: PLEASE SIGN, CIRC	REMEME						CH TEMPORAF		TWORKED	
7	SUPERVISOR SIGNATURE (CLIENT AGENT)	1	2	3 4	5 6	7		GHT TIME HOURS		RTIME (OVER 40 H	OURS)
	It is understood by and agreed between Matthews Professional Employ Agent that the following are basic tenants of the employment contract: 1. Temporary workers are to perform only those duties as agreed to in 2. A Temporary worker hired by Client before the completion of 120 cemployment will subject the client to a permanent placement service of	advance of plays of full-t	erforma ime	nce.	Мят	THE	EW5	MATTHEWS WAUKEGAI LIBERTYVII	N 847-2		/MENT, INC. (847-249-1133 (847-249-1133