



EMPLOYEE
LAST
NAME

W

EMPLOYEE
FIRST
NAME

P.O.#:

ASSIGNMENT COMPLETED
YES NO

JOB DESCRIPTION: APPROVAL:

Suite 118 - 713 Columbia St.
New Westminster, BC V3M 1B2
Tel: 604-522-4900 Fax: 604-522-4903 Email: accounting@best-personnel.ca

CUSTOMER NAME

ADDRESS

REPORT TO START TIME

INITIAL

I understand that should I desire to hire this employee within a three month period from the completion date of their assignment, I am obligated to notify Best Personnel and pay the applicable temporary or permanent placement fees.

CLIENT'S SIGNATURE

PLEASE PRINT NAME

PLEASE DO NOT ADVANCE MONEY TO OUR EMPLOYEES

4 HOURS MINIMUM PER DAY PER EMPLOYEE

DATES								
DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
REGULAR HOURS (EXCLUDING LUNCH)								
OVERTIME HOURS								

Statutory minimum and overtime rates as applicable by provincial legislation. Client approval includes acceptance of Best Personnel's terms and conditions:

White - Branch Copy Canary - Invoice Copy Pink - Employee Copy Goldenrod - Customer Copy

TERMS: PAYMENT DUE ON RECEIPT OF INVOICE