Company:										IN	TE	GR	ATI	VE			
Authorized Signature:								STAFFING GROUP									
Printed Name:										314			On.	3 0F			
Title:		Week of:															
I certify that the hours reflected or agreement. By executing this doe behalf of the Company. PLEASE EMA	cument, the s	signatory for	the Compan	y authorizes	and warrants	s that he/she	e is fully auth	agree to be bo orized by the	ound by the e Company 6	terms and co	onditions as s greement an	stated below and has the pore	and/or as se wer and requ	t forth in the	e master staffi ty to execute		
ISG Employee Name	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Reg	OT	
100 Employee Plante	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out			