

Please Fax Timesheet to **1-888-839-9076**400 N Schmidt Rd
Suite 204
Bolingbrook, IL 60440 Week Ending

Company Name Warehouse Direct Supervisor Name REG MON TUE WED THUR OT **Employee Name** FRI SAT SUN

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Signature approval by the company's representative certifies that the above hours are correct and that the work performed by the employee was satisfactory. If permanent employment is desired, notification must be given to Triune Logistics in accordance with the agreement to offer Temp-To-Perm Employment.

Special Conditions

The company to which an employee is assigned, assumes full responsibility for all supervision,

and liability relating to the premises and use of equipment, including but not limited to motor vehicle insurance.

I herby certify that the above hours are correct and that I was not involved with any work related accidents during this pay period

Thank you for choosing Triune Logistics!!!