

JH TECHNICAL SERVICES

200 High Tower Blvd.

Suite 403

Pittsburgh, PA 15205

PH# (412)788-1174

FAX# (412) 788-1179

WEEK ENDING

I hereby certify that the hours shown are correct
and are authorized by a client representative

SAT DATE

EMPLOYEE NAME

SOCIAL SECURITY NUMBER (Last four digits only)

EMPLOYEE SIGNATURE

DAY	REGULAR HRS	OVERTIME HRS	TOTAL HRS
SUN			
MON			
TUE			
WED			
THUR			
FRI			
SAT			
TOTAL			

CLIENT NAME

AUTHORIZED SIGNATURE

TITLE

CLIENT: BY YOUR SIGNATURE CLIENT CERTIFIES
THAT HOURS SHOWN ARE CORRECT AND WORK
WAS DONE SATISFACTORILY