



12905 West Dodge Road  
 Omaha, NE 68154  
**(402) 334-9200**  
**Fax (402) 334-7333**

CLIENT \_\_\_\_\_

CLIENT ADDRESS \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

LAST 4 DIGITS OF SS# \_\_\_\_\_ PAY PERIOD SUN. - SAT. \_\_\_\_\_

DAY/DATE	START	FINISH	LESSTIME	TOTAL DAILY HOURS
SUN.				
MON.				
TUES.				
WED.				
THURS.				
FRI.				
SAT.				
● PLEASE ROUND HOURS WORKED TO THE NEAREST 1/4 HOUR. OVERTIME AFTER 40 HOURS. ●			TOTAL REGULAR HOURS	
IF A LUNCH IS TAKEN, IT MUST BE A MINIMUM OF 30 MINUTES AND COUNTED AS MINUS .50.			OVERTIME HOURS	

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I CERTIFY THAT THE HOURS SHOWN ABOVE ARE CORRECT AND THAT THE EMPLOYEE PERFORMED SATISFACTORILY. I FURTHER AGREE TO THE TERMS SET FORTH ON THE NOLL CONTRACT SERVICES CLIENT TERMS SHEET.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Due Into Office Monday at 10:00 AM**  
**E-mail, Fax or Leave in Noll Drop Box.**