

PLEASE PRINT -  
PRESS HARD - DUPLICATE COPIES

WEEK ENDING DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SATURDAY

CLIENT \_\_\_\_\_ DEPT. \_\_\_\_\_

*Cue Data Services, Inc.*

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Suite 1  
Hingham, MA 02043  
Tel: 781.749.3675 ♦ Fax: 781.749.9381

EMPLOYEE NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

PROJECT NO.	CLIENT/DESCRIPTION	SUN.	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SAT.		TOTALS	
			REG.	O.T.	REG.	O.T.	REG.	O.T.	REG.	O.T.	REG.	O.T.	REG.	O.T.	REG.	O.T.

IS YOUR ASSIGNMENT COMPLETED YES  NO  DATE COMPLETED \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ CLIENT SIGNATURE \_\_\_\_\_

SEND CHECK TO: \_\_\_\_\_ WORK SCHEDULE \_\_\_\_\_

DATE \_\_\_\_\_