

CLIENT: ALL RED AREAS MUST BE COMPLETED

COMPANY NAME <b>PRAYER MEN IN THE DARKS</b>	WEEK ENDING SUNDAY <b>1 / 15 / 17</b>
ADDRESS <b>P.O. Box 40 BRANSON MO. 65615</b>	
REPORT TO:	TIME:
Enter your Penmac ID number or the LAST FOUR DIGITS of your Social Security Number. <div style="display: flex; justify-content: space-around; width: 100%;"><span>6</span><span>4</span><span>2</span><span>5</span></div>	
EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME AND WERE PROPERLY VERIFIED BY THE CLIENT. COPIES OF THE TIME CARD MUST BE RECEIVED IN OUR OFFICE BY 8:00 AM MONDAY. FAILURE TO NOTIFY PENMAC OF THE COMPLETION OF ANY ASSIGNMENT WILL BE CONSIDERED JOB ABANDONMENT, AND UNEMPLOYMENT BENEFITS MAY BE DENIED IN SOME STATES. I HAVE NOT HAD ANY WORK-RELATED INJURIES OR ILLNESSES THAT I HAVE NOT REPORTED TO PENMAC.	
EMPLOYEE NAME (Please Print) <b>X DON MAXWELL</b>	PLEASE SIGN <b>X <i>Don Maxwell</i></b>
CLIENT: YOUR SIGNATURE REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS ON FRONT AND REVERSE SIDE HEREOF AND THAT THE HOURS SHOWN ARE CORRECT AND THE WORK WAS COMPLETED SATISFACTORILY.	
AUTHORIZED CLIENT SIGNATURE <b>X <i>Don Maxwell</i></b>	TITLE

CROSS OUT ANY DAYS NOT WORKED

EMPLOYEE - Please return office copy by Monday to:

# Penmac

447 South Avenue Springfield, Missouri 65806  
(417) 831-9100 FAX 831-2522

DAY	DATE	HOURS TO NEAREST QUARTER HOUR				
		STARTED	FINISHED	(LUNCH)	REG. HOURS	OVERTIME HRS.
MON	1/9				8	
TUES	1/10				8.25	
WED	1/11				5.5	
THU	1/12				8	
FRI	—					
SAT	—					
SUN	1/15				4	

WRITE TOTAL HOURS TO NEAREST QUARTER HOUR.

REGULAR		OVERTIME	
HRS.	MIN.	HRS.	MIN.
33	45		

TOTAL HOURS **33.75**

RETURNING FOR WORK  
 YES     NO

OFFICE COPY