

# Careers In Nonprofits

# CNP

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<b>Instructions: *Please fax timesheet to CNP no later than 5 p.m. on Mondays.*</b>					
<b>Employee Name:(please print)</b>		<b>Social Security Number</b>		<b>Job Order Number</b>	
		XXX-XX-_____			
<b>Week Ending Date (Sunday)</b> _____/_____/2010 (mm/dd/yyyy)					
<b>Organization Name:</b>		<b>Supervisor Name: (print)</b>			
<b>Day</b>	<b>Date</b>	<b>Time In</b>	<b>Lunch Out/In</b>	<b>Time Out</b>	<b>Daily Total</b> (not including lunch)
Monday			/		
Tuesday			/		
Wednesday			/		
Thursday			/		
Friday			/		
<b>Total Hours Worked (to nearest 1/4 hour)</b>					
<b>Please write out the total hours worked:</b>					
Please Mail <input type="checkbox"/> Hold <input type="checkbox"/> DirDep <input type="checkbox"/> my check			This Assignment is Ending <input type="checkbox"/> Continuing <input type="checkbox"/>		

**I Certify that I worked the hours noted above during the week ending shown above, and that these hours were properly verified by an authorized representative of the client organization.**

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_  
**Date**

### To Supervisor: Please Read Carefully and Sign

I understand that the temporary employee named herein is a direct employee of **Careers in Nonprofits**. I agree that for a period of 180 days from the week-ending date of this timesheet, we will not hire this employee, for whom we are completing this timesheet, directly or indirectly (through another temporary or staffing service firm) unless we reimburse **CNP** for, at least, 250 hours at the current billing rate to cover the replacement costs for this employee.

**CNP employees are not authorized to handle cash or other valuables without written consent from CNP.**

**CNP is not liable for any claims unless such claims are reported to CNP in writing, by the undersigned within 30 calendar days after termination of this employee's temporary assignment.**

**CNP PAYS ITS TEMPS IMMEDIATELY. Invoices are due within 10 days of receipt.**

**Temp-to-Perm conversions are charged according to CNP's Temp-to-Perm fee schedule.**

**I hereby certify that the hours listed above are true and correct, that the work performed was satisfactory, and that my signature constitutes an authorization to bill the named organization for these hours. Faxed signatures on this document constitute confirmation of the above information.**

\_\_\_\_\_  
**Signature of Supervisor** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Date**