



**Timesheet Information**

Complete the information below and return this document to the payroll department at [payroll@ipsstaffing.com](mailto:payroll@ipsstaffing.com) or fax to (847)298-6914. Retain a copy for your records.

Employee Name: \_\_\_\_\_  
Last First M.I.

SSN#: \_\_\_\_\_ Company Name \_\_\_\_\_

Week Ending \_\_\_\_\_ Total Hours \_\_\_\_\_

Day	In	Out	In	Out
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

I hereby authorize payment to the above named person for the hours specified. I authorize Insurance Placement Solutions to bill us directly for the services provided. I understand this person is an employee of Insurance Placement Solutions and that I may not transfer this person to the payroll of any other company or temporary service for 180 days after the completion of this assignment and that to do so will result in a fee equal to 20% of the employee's annual salary payable to Insurance Placement Solutions, due immediately. In the event this person is hired by our company directly or indirectly through the services of Insurance Placement Solutions, I agree to a conversion fee as outlined in the fee proposal and employment placement contract of the employee's annual salary.

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title