



Highway Driver
1050 Hancock Street
Quincy, MA 02169
800 332 6620
617 471 1236 Fax
info@highwaydriverleasing.com

Employee Name: _____

Company Assigned To: _____

Week Ending Date: _____

Day	Start Time	Finish Time	Less Lunch	Daily Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
			Total Hours	

Please notify this office when your assignment has been completed so we may reassign you. Failure to do so results in our assumption of your voluntary termination from Highway Driver and will impact your eligibility for unemployment benefits.

I hereby certify that the hours shown above were worked by me and were certified by an authorized employee of the above named company.

Employee Signature: _____

Employer: Please fill in and fax to 617 471 1236 by noon on Monday

The undersigned is authorized on behalf of the above and certifies that the Highway Driver employee named on this time record worked the hours indicated. I understand that if our company wishes to hire this driver, we will respect Highway Driver's Employer - Employee Relationship. I have read the terms on the Highway Driver agreement and agree to all terms and conditions as stated.

Employer Signature: _____

Comments: _____
