PREMIER EVENTS MANAGEMENT

Please print legibly all requested information and return this form to your Supervisor:

Name		
Work Location/Project		
Primary Work Assignment		
Name of Supervisor	Work P.O.# (If Applicable)	
Mail Check to Address on FIle **Y or N**	Pick Up Check at Venue/Project Site **Y or N**	

0.25 Hr Increment

DATE	TIME IN	JOB ASSIGNMENT	TIME OUT	TOTAL

Use additional Sheets if Necessary. Round Total Hours to nearest 1/4 Hour. **TOTAL HRS**

Supervisor will complete Rate and Total Due using pre-authorized rate for this employee **RATE/Hr.** $

Employee may sign in and out several times each day; Make sure each line item is dated. **DUE** $

Employee Signature	Date	Supervisor Signature	Date

Employee certifies that documented hours are true and correct. Supervisor agrees to reported hours and authorizes payroll to be issued in accordance with Payroll processing agreement.

SUPERVISOR: Fax to (404)237-6230
Questions/Issues call (404)262-1800
or write: payroll@pemi.net

Original form must be delivered to PEM Payroll Representative or mailed to Premier Events Management, Post Office Box 52997 Atlanta, Georgia 30355

ORIGINAL (WHITE COPY) -- To PEM Payroll Dept. YELLOW COPY-- For Supervisor PINK COPY-- For Employee