

# Contractor Timeslip

Week Ending Date (Saturday) <i>Month Day Year</i> / /	Social Security Number       -       -	Employee Last Name (please print)	First Name (please print)
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Employer (Supplier Name)	Per Diem (Only applicable for overnight stays or out-of-town travel)	ALLTEL Assignment Location
	Sun Mon Tue Wed Thu Fri Sat	City State

List all JDE/Capital BU's, Object Codes, Subsidiary Codes worked for the week. Allocate daily hours worked for each code.			SHIFT	SUN		MON		TUES		WED		THURS		FRI		SAT		WEEKLY TOTALS <small>(minus meal period)</small>	
9-digit JDE or Capital BU	5-digit Object Code	4-digit Subsidiary Code		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT
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<b>DAILY TOTAL HOURS WORKED</b>																			

<b>Contractor Certification and Signature</b>	
I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of ALLTEL. I understand that I am to contact my employer after completing this assignment to discuss another assignment, and if I do not do so, without good cause, my employer may assume that I am not then available for work.	
_____ <b>Contractor Signature</b>	_____ <b>Date</b>

<b>Customer Verification and Signature</b>		
<b>Cross Out Any Days Not Worked by the Employee.</b> I certify the hours shown here are correct and authorize payment. Approval includes verification of the hours worked and expenses as well as acceptance of the terms and conditions.		
_____ <b>Please Print Name</b>	_____ <b>Customer Signature</b>	_____ <b>Date</b>