

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Patsy Fleming
Subseries: National AIDS Strategy

OA/ID Number: 10182
FolderID:

Folder Title:
Anthia Atwater

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	9	3

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (23 pages)	00/00/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Patsy Fleming (National AIDS Strategy)
OA/Box Number: 10182

FOLDER TITLE:

Anthia Atwater

2018-0755-F

rs3182

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE
WASHINGTON

MEMORANDUM

December 30, 1996

TO: Vivian Pleasant
Staff Assistant

FROM: Carmena Parris 
Office of National AIDS Policy

SUBJECT: Anthia C. Atwater (Extention of Service)

This memorandum is to request the extention of Anthia C. Atwater from January 1, through February 28, 1997. If there are any questions regarding Ms. Atwater please contact Carmena Parris at (202) 632-1090.

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	[Personally Identifiable Information] [partial] (23 pages)	00/00/1997	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Patsy Fleming (National AIDS Strategy)
OA/Box Number: 10182

FOLDER TITLE:

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rs3182

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
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Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

ATWATER, Anthia

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 06-22-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: 8670143/BR00/0000/2536		
										CONTRACT: BEST TEMPORARIES #DU 100 C0000 18540		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40.5
Lunch Break	OUT	2:00	8	1:00	8	3:00	8	1:30	8	1:00	8	
	IN	3:00		2:00		3:30		5		2:30		
P.M.	OUT	6:00	6:00	6:00	6:00	6:00	6:00	6:00	6:00			
SIGNATURE		<u>Anthia Atwater</u>				<u>Carmena Parris</u>						
EMPLOYEE		NAME: ANTHIA ATWATER ROOM: 808 17th STREET NW PHONE: 632-1090				SUPERVISOR: CARMENA PARRIS ROOM: 808 17th STREET NW PHONE: 632-1090				GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940		
1. Temps CANNOT be paid for more than the regular work week (40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2262, TELEPHONE 708-0614, ext. 3043												

SB.1721

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	6-16-97	9:00	2:00	3:00	6:00	8
TUE	6-17-97	9:00	1:00	2:00	6:00	8
WED	6-18-97	9:00	3:00	3:30	6:00	8.5
THU	6-19-97	9:00	1:30	2:30	6:00	8
FRI	6-20-97	9:00	1:00	2:00	6:00	8
SAT						
SUN						
TOTAL HOURS WORKED						40.5
STRAIGHT TIME HOURS						40.5
OVERTIME HOURS						

ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED

MAIL PAYCHECK ☐ VA OFFICE ☐

SUPERVISOR PRINTED NAME: CARMENA PARRIS

SUPERVISOR SIGNATURE: Carmena Parris

BEST TEMPORARIES, INC.
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) ANTHIA C. ATWATER

YOUR SIGNATURE Anthia C. Atwater

YOUR SOCIAL SECURITY NUMBER (b)(6)

CLIENT NAME HUD

DEPT CODE HP97-0667

WEEK ENDING Sunday 06-22-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT, IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE. CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 60 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT.

SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

Best Temporaries is an Equal Opportunity Employer. U.S. Law requires all applicants who register to show proof of identity and the right to work in the U.S.

White & Yellow - RETURN TO BEST TEMPORARIES
Pink - Temporary's Copy Gold - Client Copy

ATWATER, Anthia

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 06-08-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8670143/BR00/0000/2536</u>		CONTRACT: <u>BEST TEMPORARIES FEB 100 00000 18340</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (Total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:30	8	9:00	8	8:30	9	8:30	8	8:30	8	41	
Lunch Break	OUT	2:00		2:00		2:00		=		=			=
	IN	2:30		3:00		2:30		=		=			=
P.M.	OUT	6:00		6:00		6:00		4:30		4:30			
<i>Anthia C. Atwater</i> TEMP: ANTHIA ATWATER ROOM: 808 17th STREET NW PHONE: 632-1090 <i>Carmena Parris</i> SUPV: CARMENA PARRIS ROOM: 808 17th STREET NW PHONE: 632-1090 <i>Vivian Pleasant</i> GIM: VIVIAN PLEASANT ROOM: 10110 PHONE: 708-0940													
1. Temps CANNOT be paid for more than the regular work week (40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GIMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2262, TELEPHONE 708-0614, ext. 1043													

SB.1721

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	6-2-97	9:30	2:00	2:30	6:00	8
TUE	6-3-97	9:00	2:00	3:00	6:00	8
WED	6-4-97	8:30	2:00	2:30	6:00	9
THU	6-5-97	8:30	-	-	4:30	8
FRI	6-6-97	8:30	-	-	4:30	8
SAT						
SUN						
ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED MAIL PAYCHECK ☒ VA OFFICE ☐ <i>CARMENA PARRIS</i> SUPERVISOR PRINTED NAME <i>Carmena Parris</i> SUPERVISOR SIGNATURE						TOTAL HOURS WORKED 41 STRAIGHT TIME HOURS 41 OVER-TIME HOURS 0

White & Yellow - RETURN TO BEST TEMPORARIES
Pink - Temporary's Copy Gold - Client Copy

BEST TEMPORARIES, INC.
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) Anthia C. Atwater

YOUR SIGNATURE *Anthia C. Atwater*

YOUR SOCIAL SECURITY NUMBER (b)(6)

CLIENT NAME HUD

DEPT. CODE HP97-0667

WEEK ENDING 06-08-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT. IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 90 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT.

SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

Best Temporaries is an Equal Opportunity Employer. U.S. Law requires all applicants who register to show proof of identity and the right to work in the U.S.

ATWATER, Anthia

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 06-01-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>												ACCT NO: 8670143/BR00/0000/2536 CONTRACT: BEST TEMPORARIES HDU 100 C0000 8540	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN			11:30		8:15		8:00		8:15		9 32	
Lunch Break	OUT			—	6.5	1:30	9.5	—	7	2:00	9		
	IN			—		2:00		—		3:00			
P.M.	OUT			6:00		6:00		3:00		6:00			
SIGNATURE		<u>Anthia C. Atwater</u>				<u>Carmena Parris</u>							
		TEMP: ANTHIA ATWATER ROOM: 808 17th STREET NW PHONE: 632-1090				SUPV: CARMENA PARRIS ROOM: 808 17th STREET NW PHONE: 632-1090				GIM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940			
1. Temps CANNOT be paid for more than the regular work week (40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GIMS must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2262, TELEPHONE 708-0614, ext. 3043													

SE.1721

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON						
TUE	5-27-97	11:30	—	—	6:00	6.5
WED	5-28-97	8:15	1:30	2:00	6:00	9.5
THU	5-29-97	8:00	—	—	3:00	7
FRI	5-30-97	8:15	2:00	3:00	6:00	9
SAT						
SUN						
TOTAL HOURS WORKED						32
STRAIGHT TIME HOURS						32
OVERTIME HOURS						

ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED

MAIL PAYCHECK ☐ VA OFFICE ☐

SUPERVISOR PRINTED NAME: CARMENA PARRIS

SUPERVISOR SIGNATURE: Carmena Parris

BEST TEMPORARIES, INC
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print): ANTHIA ATWATER

YOUR SIGNATURE: Anthia C. Atwater

YOUR SOCIAL SECURITY NUMBER: (b)(6)

CLIENT NAME: HUD

DEPT. CODE: HP97-0667

WEEK ENDING: 06-01-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE NAMED EMPLOYEE. CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 90 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES. INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT.

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White & Yellow - RETURN TO BEST TEMPORARIES
Pink - Temporary's Copy Gold - Client Copy

Best Temporaries is an Equal Opportunity Employer. U.S. Law requires all applicants who register to show proof of identity and the right to work in the U.S.

ATWATER, Anthia

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 05-25-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: 8670143/BR00/0000/2536		CONTRACT: BEST TEMPORARIES #DU 100 C0000 18540	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	8:15	8.25	8:15	8	8:00	9	8:15	8.25	10:30	6.50	40.	
Lunch Break	OUT	7:00		2:30		1:30		2:30		2:30			2:30
	IN	2:00		3:00		2:30		3:30		3:30			3:30
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			6:00
SIGNATURE		<u>Anthia C. Atwater</u>				<u>Carmena Parry</u>							
		TEMP: ANTHIA ATWATER ROOM: 808 17th STREET NW PHONE: 632-1090				SUPV: CARMENA PARRY ROOM: 808 17th STREET NW PHONE: 632-1090				GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940			
1. Temps CANNOT be paid for more than the regular work week (40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours, .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2262, TELEPHONE 708-0614, ext. 3043													

SB.1721

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR							
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL	
MON	5-19-97	8:15	1:00	2:00	6:00	8.25	
TUE	5-20-97	8:15	2:30	3:00	6:00	8.75	
WED	5-21-97	8:00	1:30	2:30	6:00	9	
THU	5-22-97	8:15	2:30	3:30	6:00	8.25	
FRI	5-23-97	10:30	2:30	6:30	6:00	6.50	
SAT							
SUN							
ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED						TOTAL HOURS WORKED	40
MAIL PAYCHECK ☐						STRAIGHT TIME HOURS	40
SUPERVISOR PRINTED NAME						OVER-TIME HOURS	
SUPERVISOR SIGNATURE							

BEST TEMPORARIES, INC.
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME
(Please Print)

YOUR SIGNATURE

YOUR SOCIAL SECURITY NUMBER

CLIENT NAME

DEPT. CODE

WEEK ENDING
Sunday

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT. IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 90 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT. WITHOUT THE CONSENT OF BEST TEMPORARIES, IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES. INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION, INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT. SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

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White & Yellow - RETURN TO BEST TEMPORARIES
Pink - Temporary's Copy Gold - Client Copy

ATWATER, Anthia

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 05-18-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>												ACCT NO: <u>8670143/BR00/0000/2536</u>	
												CONTRACT: <u>BEST TEMPORARIES #DU 100 C0000 18940</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		8:00		8:00				34	
Lunch Break	OUT	2:00	8		8	1:00	9	2:00	9				
	IN	3:00				2:00		3:00					
P.M.	OUT	6:00		5:15		6:00		6:00					
SIGNATURE		<u>Anthia C. Atwater</u>				<u>Carmena Parris</u>							
		TEMP: ANTHIA ATWATER ROOM: 808 17th STREET NW PHONE: 632-1090				SUPV: CARMENA PARRIS ROOM: 808 17th STREET NW PHONE: 632-1090				GTN: VIVIAN PLEASANTS ROOM: 10210 PHONE: 708-0940			

1. Temps CANNOT be paid for more than the regular work week (40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTNs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2262, TELEPHONE 708-0614, ext. 1043

SB.1721

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	5-12-97	9:00	2:00	3:00	6:15	8
TUE	5-13-97	9:00	-	-	5:15	8
WED	5-14-97	8:00	1:00	2:00	6:00	9
THU	5-15-97	8:00	2:00	3:00	6:00	9
FRI	5-16-97					
SAT						
SUN						
ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED						TOTAL HOURS WORKED
MAIL PAYCHECK ☐ VA OFFICE ☐						34
SUPERVISOR PRINTED NAME						STRAIGHT TIME HOURS
<u>CARMENA PARRIS</u>						34
SUPERVISOR SIGNATURE						OVERTIME HOURS
<u>Carmena Parris</u>						

BEST TEMPORARIES, INC.
 1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
 (202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) Anthia C. Atwater

YOUR SIGNATURE Anthia C. Atwater

YOUR SOCIAL SECURITY NUMBER (b)(6)

CLIENT NAME HUD

DEPT. CODE HP97-0667

WEEK ENDING Sunday, 05-18-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT. IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 60 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT.

SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

Best Temporarily is an Equal Opportunity Employer. U.S. Law requires all applicants who register to show proof of identity and the right to work in the U.S.

White & Yellow - RETURN TO BEST TEMPORARIES
 Pink - Temporary's Copy Gold - Client Copy

ATWATER, Anthia

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 05-11-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8670143/BR00/0000/2536</u>			
										CONTRACT: <u>BEST TEMPORARIES HDU 100 C0000 18540</u>			
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	8:30	8.5	9:00	8	9:00	8	9:00	8	9:00	8	40.5	
Lunch Break	OUT	2:30		2:30		1:00		2:30		2:00			3:00
	IN	3:00		3:30		2:00		3:00		3:00			3:00
P.M.	OUT	6:00	6:00	6:00	6:00	6:00	6:00						
SIGNATURE		<u>Anthia Atwater</u>		<u>Carmena Parris</u>									
TEMP: ANTHIA ATWATER ROOM: 808 17th STREET NW PHONE: 632-1090				SUPV: CARMENA PARRIS ROOM: 808 17th STREET NW PHONE: 632-1090				GIM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940					

1. Temps CANNOT be paid for more than the regular work week (40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GIMS must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2262, TELEPHONE 708-0614, ext. 3043

SE.1721

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	5-9-97	8:30	2:30	3:00	6:00	8.5
TUE	5-6-97	9:00	2:30	3:30	6:00	8
WED	5-9-97	9:00	1:00	2:00	6:00	8
THU	5-8-97	9:00	2:30	3:30	6:00	8
FRI	5-9-97	9:00	2:30	3:30	6:00	8
SAT						
SUN						
ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED						
MAIL PAYCHECK ☐						VA OFFICE ☐
SUPERVISOR PRINTED NAME <u>CARMENA PARRIS</u>						TOTAL HOURS WORKED <u>46.5</u>
SUPERVISOR SIGNATURE <u>Carmena Parris</u>						STRAIGHT TIME HOURS <u>40.5</u>
						OVER-TIME HOURS

BEST TEMPORARIES, INC.
 1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
 (202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) Anthia C. Atwater
 YOUR SIGNATURE Anthia C. Atwater
 YOUR SOCIAL SECURITY NUMBER (b)(6)
 CLIENT NAME HUD
 DEPT CODE HP97-1667
 WEEK ENDING 05-11-97
 Sunday, 05-11-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER. SUPPLYING CLIENT THE ABOVE NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 60 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.
 INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT.
 SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

Best Temporaries is an Equal Opportunity Employer. U.S. Law requires all applicants who register to show proof of identity and the right to work in the U.S.

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ATWATER, Anthia

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 05-4-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8670143/BR00/0000/2536</u>		CONTRACT: <u>BEST TEMPORARIES HDO 100 C0000 14540</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	11:30	6.5	8:15	9	SICK	9	8:15	9	8:15	9	33.5	
Lunch Break	OUT	—		2:00		2:00		2:00		1:30			
	IN	—		2:30		2:30		2:30		2:00			
P.M.	OUT	6:00	6:00		6:00	6:00	6:00						
SIGNATURE		<u>Anthia C. Atwater</u>				<u>Carmena Harris</u>							
EMPLOYEE		TEMP: ANTHIA ATWATER ROOM: 808 17th STREET NW PHONE: 632-1090				SUPV: CARMENA HARRIS ROOM: 808 17th STREET NW PHONE: 632-1090				GIM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940			
1. Temps <u>CANNOT</u> be paid for more than the regular work week (40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch Breaks are <u>UNPAID</u> time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GIMS must be sure that hrs reported on the Temp agency's timescard & HUD's timescard match. 5. Please attach the Temp's temporary I.D. to his/her <u>LAST</u> time sheet. 6. RETURN THIS TIMESCARD TO GP/BEST TEMPORARIES, ROOM 2262, TELEPHONE 708-0614, ext. 3043													

SE.1721

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL	
MON	4-2-97 11:30	—	—	6:00	6.5	
TUE	4-3-97 8:15	2:00	2:30	6:00	9	
WED	4-4-97 SICK	—	—	—		
THU	4-7-97 8:15	2:00	2:30	6:00	9	
FRI	4-8-97 8:15	1:30	2:00	6:00	9	
SAT						
SUN						
					TOTAL HOURS WORKED	33.5
					STRAIGHT TIME HOURS	33.5
					OVER-TIME HOURS	

ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED

MAIL PAYCHECK ☐ VA OFFICE ☐

SUPERVISOR PRINTED NAME: Carmena Harris

SUPERVISOR SIGNATURE: Carmena Harris

BEST TEMPORARIES, INC.
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) ANTHIA C. ATWATER

YOUR SIGNATURE Anthia C. Atwater

YOUR SOCIAL SECURITY NUMBER (b)(6)

CLIENT NAME HUD

DEPT. CODE HP97 0067

WEEK ENDING Sunday 05-04-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT. IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 90 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEY'S FEES ALSO BEING PAID BY CLIENT.

SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

Best Temporaries is an Equal Opportunity Employer. U.S. Law requires all applicants who register show proof of identity and the right to work in the U.S.

White & Yellow - RETURN TO BEST TEMPORARIES
Pink - Temporary's Copy
Gold - Client Copy

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 4-27-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8770143/BR00/0000</u>		CONTRACT: <u>BEST TEMPORARIES #OU 100 C0000 18540</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8	9:00	8	40	
.....	OUT	1:30		2:00		1:00		2:00		2:00			2:30
Lunch Break	IN	2:00		2:30		2:00		3:00		2:30			3:00
.....	OUT	6:00	6:00	6:00	6:00	6:00	6:00						
P.M.	IN												

SIGNATURE: <u>Anthia C. Atwater</u> EMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090	SIGNATURE: <u>Carmena Parris</u> SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090	GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940
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1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	4-21-97	8:00	1:30	2:00	6:00	8.5
TUE	4-22-97	8:00	2:00	2:30	6:00	8.5
WED	4-23-97	9:00	1:00	2:00	6:00	8
THU	4-24-97	9:00	2:00	3:00	6:00	8
FRI	4-25-97	9:00	2:00	2:30	6:00	9.5
SAT						
SUN						

ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED

MAIL PAYCHECK ☐	VA OFFICE ☐
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SUPERVISOR PRINTED NAME: CHARLENE TINKLE

SUPERVISOR SIGNATURE: [Signature]

TOTAL HOURS WORKED	40
STRAIGHT TIME HOURS	40
OVERTIME HOURS	

BEST TEMPORARIES, INC.
 1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
 (202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print): ANTHIA ATWATER

YOUR SIGNATURE: Anthia C. Atwater

YOUR SOCIAL SECURITY NUMBER: (b)(6)

CLIENT NAME: HUD

DEPT. CODE: HP97-0667

WEEK ENDING: 04-27-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE. CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 90 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

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HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 04-20-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8770143/BR00/0000</u>		CONTRACT: <u>BEST TEMPORARIES #DU 100 C0000 18540</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		8:00		8:00		8:00		9:00		40	
.....	OUT	1:00	8	1:30	9	1:00	9	-	6	2:00	8		
Lunch Break	IN	2:00		2:30		2:00		-		3:00			
.....	OUT	6:00		6:00		6:00		2:00		6:00			
P.M.													
SIGNATURE		<i>Anthia C. Atwater</i>				<i>Carmena Parris</i>							
NAME		TEMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090				SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090				GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940			

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	4-14-97	9:00	1:00	2:00	6:00	8
TUE	4-15-97	8:00	1:30	2:30	6:00	9
WED	4-16-97	8:00	1:00	2:00	6:00	9
THU	4-17-97	8:00	-	-	2:00	6
FRI	4-18-97	9:00	2:00	3:00	6:00	8
SAT						
SUN						
TOTAL HOURS WORKED						40
STRAIGHT TIME HOURS						40
OVERTIME HOURS						

ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED

MAIL PAYCHECK ☐ VA OFFICE ☐

SUPERVISOR PRINTED NAME _____

SUPERVISOR SIGNATURE _____

BEST TEMPORARIES, INC.
 1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, DC 20036
 (202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) ANTHIA C. ATWATER

YOUR SIGNATURE Anthia C. Atwater

YOUR SOCIAL SECURITY NUMBER (b)(6)

CLIENT NAME HUD

DEPT. CODE HP97-0667

WEEK ENDING Sunday, 04-20-97

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 Pink - Temporary's Copy Gold - Client Copy

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 04-13-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8770143/BB00/0000</u>		
										CONTRACT: <u>BEST TEMPORARIES #DU 100 C0000 18540</u>		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40
-----	OUT	---		1:00		1:00		1:00		1:00		
Lunch Break	IN	---		1:30		2:00		2:00		2:00		
-----	OUT	6:00		6:00		6:00		6:00		6:00		
<i>Anthia C. Atwater</i> TEMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090 <i>Carmena Parris</i> SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090 GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940												
1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043												

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	4-9-97	9:00	-	-	6:00	9
TUE	4-10-97	9:00	1:00	1:30	6:00	8.5
WED	4-9-97	9:00	1:00	2:00	6:00	8
THU	4-10-97	9:00	1:00	2:00	6:00	8
FRI	4-11-97	9:00	1:00	2:00	6:00	8
SAT						
SUN						
ALL P. CHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED MAIL P. CHECK ☐ VA OFFICE ☐						TOTAL HOURS WORKED 40
SUPERVISOR PRINTED NAME						STRAIGHT TIME HOURS 40
SUPERVISOR SIGNATURE						OVER-TIME HOURS

BEST TEMPORARIES, INC.

1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) ANTHIA C. ATWATER

YOUR SIGNATURE *Anthia C. Atwater*

YOUR SOCIAL SECURITY NUMBER ██████████ (b)(6) ██████████

CLIENT NAME HUD

DEPT. CODE 4197-0667

WEEK ENDING Sunday, 04-12-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT, IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 90 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

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White & Yellow - RETURN TO BEST TEMPORARIES
Pink - Temporary's Copy Gold - Client Copy

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 04-06-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8770143/BB00/0000</u>		CONTRACT: <u>BEST TEMPORARIES #DU 100</u>		C0000 18540	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)			
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total				
A.M.	IN	9:00		9:00		9:00		8:30		9:00		40			
Lunch Break	OUT	1:00	8	1:00	8	1:00	8	2:00	8	2:00	8				
	IN	2:00		2:00		2:00		3:00	5	2:30	5				
P.M.	OUT	6:00		6:00		6:00		6:00		6:00					
SIGNATURE <i>Anthia Atwater</i>		TEMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090				SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090				GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940					
1. Temps <u>CANNOT</u> be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are <u>UNPAID</u> time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043															

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	3-31-97	9:00	1:00	2:00	6:00	8
TUE	4-1-97	9:00	1:00	2:00	6:00	8
WED	4-2-97	9:00	1:00	2:00	6:00	8
THU	4-2-97	8:30	2:00	3:00	6:00	8.5
FRI	4-4-97	9:00	2:00	2:30	6:00	8.5
SAT						
SUN						
ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED MAIL PAYCHECK ☐ VA OFFICE ☐						TOTAL HOURS WORKED 40
SUPERVISOR PRINTED NAME						STRAIGHT TIME HOURS 40
SUPERVISOR SIGNATURE						OVER-TIME HOURS

BEST TEMPORARIES, INC
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) Anthia C. Atwater

YOUR SIGNATURE *Anthia C. Atwater*

YOUR SOCIAL SECURITY NUMBER [REDACTED] (b)(6)

CLIENT NAME HUD

DEPT. CODE HP97-0667

WEEK ENDING Sunday 04-06-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT. IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 60 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT.

SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

White & Yellow - RETURN TO BEST TEMPORARIES
Pink - Temporary's Copy Gold - Client Copy

Best Temporaries is an Equal Opportunity Employer. U.S. Law requires all applicants who register to show proof of identity and the right to work in the U.S.

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 03-30-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>												ACCT NO: <u>8770143/BR00/0000</u>
												CONTRACT: <u>BEST TEMPORARIES #DU 100 C0000 18540</u>
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN			8:30		9:00		8:30		9:00		34
Lunch Break	OUT			1:30	9	1:30	8	2:00	9	1:00	8	
	IN			2:00		2:30		2:30		2:00		
P.M.	OUT			6:00		6:00		6:00		6:00		
SIGNATURE: <u>Anthia C. Atwater</u> TEMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090 SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090 GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940												
1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OF/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043												

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
TOTAL HOURS WORKED						34
STRAIGHT TIME HOURS						
OVERTIME HOURS						34

ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED

MAIL PAYCHECK ☐ VA OFFICE ☐

SUPERVISOR PRINTED NAME _____

SUPERVISOR SIGNATURE _____

BEST TEMPORARIES, INC.
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 200
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME
(Please Print) _____

YOUR SIGNATURE _____

YOUR SOCIAL SECURITY NUMBER _____ (b)(6)

CLIENT NAME _____

DEPT. CODE _____

WEEK ENDING
Sunday, 03-30-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT. IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 60 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

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SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

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White & Yellow - RETURN TO BEST TEMPORARIES
Pink - Temporary's Copy
Gold - Client Copy

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 03-23-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8770143/BB00/0000</u>		CONTRACT: <u>BEST TEMPORARIES #BU 100 C0000 18540</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00	9	9:00	8	9:00	8	9:00	8			34	
Lunch Break	OUT	-		1:00		1:40		2:30					
	IN	-		1:30		2:05		3:30					
P.M.	OUT	6:00	6:00	6:00	6:00								
SIGNATURE		<i>Anthia C. Atwater</i>				<i>Carmena Parris</i>				GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940			
		TEMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090				SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090							

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	3-22-97	9:00	-	-	6:00	9
TUE	3-23-97	9:00	1:00	1:30	6:00	7.5
WED	3-24-97	9:00	1:00	2:05	6:00	7.5
THU	3-25-97	9:00	2:30	3:30	6:00	8
FRI	3-26-97	9:00	-	-	-	-
SAT						
SUN						
					TOTAL HOURS WORKED	34
					STRAIGHT TIME HOURS	34
					OVER-TIME HOURS	

ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED
 MAIL PAYCHECK ☐ VA OFFICE ☐

SUPERVISOR PRINTED NAME: _____
 SUPERVISOR SIGNATURE: _____

BEST TEMPORARIES, INC.
 1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
 (202) 293-7333 FAX: (202) 86-0297

YOUR NAME (Please Print) Anthia C. Atwater
 YOUR SIGNATURE *Anthia C. Atwater*
 YOUR SOCIAL SECURITY NUMBER (b)(6)
 CLIENT NAME HUD
 DEPT. CODE HP97-0667
 WEEK ENDING Sunday, 03-23-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 90 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.
 INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT.
 SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

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 Pink - Temporary's Copy Gold - Client Copy

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 03-02-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>												ACCT NO: <u>8770143/BB00/0000</u>	
												CONTRACT: <u>BEST TEMPORARIES #DU 100 C0000 18540</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	2:00	8	2:00	8	1:00	8	2:00	8	1:30	8		
	IN	3:00		3:00		2:00		3:00		2:30			
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			
SIGNATURE		<u>Anthia C. Atwater</u>				<u>Carmena Parris</u>							
		TEMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090				SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090				GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940			
1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043													

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR							
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL	
MON	2-27-97	9:00	2:00	3:00	6:00	7	
TUE	2-28-97	9:00	2:00	3:00	6:00	8	
WED	2-26-97	9:00	1:00	2:00	6:00	8	
THU	2-27-97	9:00	2:00	3:00	6:00	8	
FR	2-28-97	9:00	1:30	2:30	6:00	8	
SAT							
SUN							
ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED						TOTAL HOURS WORKED	40
MAIL PAYCHECK ☐ VA OFFICE ☐						STRAIGHT TIME HOURS	40
SUPERVISOR PRINTED NAME						OVER TIME HOURS	
SUPERVISOR SIGNATURE							

BEST TEMPORARIES, INC.
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME
(Please Print)

YOUR SIGNATURE

YOUR SOCIAL SECURITY NUMBER

CLIENT NAME

DEPT CODE

WEEK ENDING
Sunday,

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE. CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 90 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.
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SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

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Pink - Temporary's Copy
Gold - Client Copy

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 03-16-97

AS: HP97-0567

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8770143/BB00/0000</u> CONTRACT: <u>BEST TEMPORARIES #DU 100 C000 18540</u>			
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00	8	9:00	9	9:00	8	9:00	7	10:30	7.5	40	
Lunch Break	OUT	2:00		—		1:00		—		—			—
	IN	2:30		—		2:00		—		—			—
P.M.	OUT	6:00	6:00	6:00	4:00	6:00							
SIGNATURE <i>Anthia C. Atwater</i> TEMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090 SUPERVISOR SIGNATURE <i>Carmena Parris</i> SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090 GTM SIGNATURE GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940													
1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043													

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	3-10-97	9:00	2:00	2:30	6:00	8.5
TUE	3-11-97	9:00	—	—	6:00	9
WED	3-12-97	9:00	1:00	2:00	6:00	8
THU	3-13-97	9:00	—	—	4:00	7
FRI	3-14-97	10:30	—	—	6:00	7.5
SAT						
SUN						
ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED MAIL PAYCHECK ☐ VA OFFICE ☐ SUPERVISOR PRINTED NAME <u>CARMENA PARRIS</u> SUPERVISOR SIGNATURE <i>Carmena Parris</i>						TOTAL HOURS WORKED <u>40</u> STRAIGHT TIME HOURS <u>40</u> OVER TIME HOURS <u> </u>

BEST TEMPORARIES, INC.
1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
(202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print) ANTHIA C. ATWATER

YOUR SIGNATURE *Anthia C. Atwater*

YOUR SOCIAL SECURITY NUMBER (b)(6)

CLIENT NAME HUD

DEPT. CODE HP 97-0667

WEEK ENDING 03-16-97

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER. SUPPLYING CLIENT THE ABOVE NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 60 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE EMPLOYEE FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 30 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT.

SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

Best Temporaries is an Equal Opportunity Employer. It does not discriminate on the basis of race, sex, age, or national origin.

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 03-09-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>										ACCT NO: <u>8770143/BB00/0000</u> CONTRACT: <u>BEST TEMPORARIES #DU 100</u>		C0000 18540
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	8:30	9	8:15	9	9:00	8.5	8:00	9.5	Doctor's Appointment		36
Lunch Break	OUT	1:00		1:30		2:00		1:00				
	IN	1:30		2:00		2:30		1:30				
P.M.	OUT	6:00	6:00	6:00	6:00	6:00						
SIGNATURE		<u>Anthia C. Atwater</u>				<u>Carmena Parris</u>						
		TEMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090				SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090				GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940		

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 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTMs must be sure that hrs reported on the Temp Agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON	3-3-97	8:30	1:00	1:30	6:00	9
TUE	3-4-97	8:15	1:30	2:00	6:00	9
WED	3-5-97	9:00	2:00	2:30	6:00	8.5
THU	3-6-97	8:00	1:00	1:30	6:00	9.5
FRI	3-7-97	DOCTOR'S APPOINTMENTS				
SAT						
SUN						
						TOTAL HOURS WORKED
						36
						STRAIGHT TIME HOURS
						36
						OVERTIME HOURS

ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED

MAIL PAYCHECK ☐ VA OFFICE ☐

SUPERVISOR PRINTED NAME: CARMENA PARRIS

SUPERVISOR SIGNATURE: Carmena Parris

BEST TEMPORARIES, INC.
 1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
 (202) 293-7333 FAX: (202) 861-0297

YOUR NAME (Please Print): ANTHIA C. ATWATER

YOUR SIGNATURE: Anthia C. Atwater

YOUR SOCIAL SECURITY NUMBER: (b)(6)

CLIENT NAME: HUD

DEPT. CODE: HP97-0667

WEEK ENDING: MARCH 9, 1997

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER, SUPPLYING CLIENT THE ABOVE NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 60 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES.

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White & Yellow - RETURN TO BEST TEMPORARIES
 Pink - Temporary's Copy Gold - Client Copy

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 02-24-97

AS: HP97-0667

TEMPORARY EMPLOYEE: <u>ANTHIA C. ATWATER</u>												ACCT NO: <u>8770143/BB00/0000</u> CONTRACT: <u>BEST TEMPORARIES #DU 100 C0000 18540</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN			9:00		9:00		9:00		9:00		32	
Lunch Break	OUT			1:30	8	2:00	8	1:00	8	1:00	8		
	IN			2:30		3:00		2:00		2:00			
P.M.	OUT			6:00		6:00		6:00		6:00			
SIGNATURE		<u>Anthea C. Atwater</u> EMP: ANTHIA ATWATER ROOM: White House PHONE: 632-1090				<u>Carmena Parris</u> SUPV: CARMENA PARRIS ROOM: White House PHONE: 632-1090				GTM: VIVIAN PLEASANTS ROOM: 10110 PHONE: 708-0940			

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. RETURN THIS TIMECARD TO OP/BEST TEMPORARIES, ROOM 2282, TELEPHONE 708-0614, ext. 3043

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)

ROUND TOTAL HOURS WORKED TO NEAREST 1/4 HOUR						
	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	TOTAL
MON						
TUE	2-18-97	9:00	1:30	2:30	6:00	8
WED	2-19-97	9:00	2:00	3:00	6:00	8
THU	2-20-97	9:00	1:00	2:00	6:00	8
FRI	2-21-97	9:00	1:00	2:00	6:00	8
SAT						
SUN						
ALL PAYCHECKS HELD IN DC OFFICE UNLESS A BOX BELOW IS MARKED MAIL PAYCHECK ☐ VA OFFICE ☐						TOTAL HOURS WORKED: 32
SUPERVISOR PRINTED NAME <u>Carmena Parris</u>						STRAIGHT TIME HOURS: 32
SUPERVISOR SIGNATURE <u>Carmena Parris</u>						OVER-TIME HOURS: 0

BEST TEMPORARIES, INC.
 1101 CONNECTICUT AVENUE, N.W. • WASHINGTON, D.C. 20036
 (202) 293-7333 FAX: (202) 861-0297

YOUR NAME
(Please Print)

YOUR SIGNATURE

YOUR SOCIAL SECURITY NUMBER

CLIENT NAME

DEPT. CODE

WEEK ENDING
Sunday

THE WORK PERFORMED WAS APPROVED AND THE HOURS STATED ARE CORRECT IN CONSIDERATION OF BEST TEMPORARIES AS AN EMPLOYER. SUPPLYING CLIENT THE ABOVE-NAMED EMPLOYEE, CLIENT AGREES NOT TO DIRECTLY OR INDIRECTLY RECRUIT, EMPLOY, REFER, OR CONTRACT THIS EMPLOYEE FOR A PERIOD OF 60 WORKING DAYS FOLLOWING THE COMPLETION OF THE TEMPORARY ASSIGNMENT WITHOUT THE CONSENT OF BEST TEMPORARIES. IN THE EVENT THAT THE CLIENT FAILS TO ABIDE BY THIS AGREEMENT, BEST TEMPORARIES WILL HAVE THE OPTION TO CHARGE A LIQUIDATION FEE OF \$3000 OR HAVE THIS PERSON CONTINUE ON BEST TEMPORARIES' PAYROLL FOR AN ADDITIONAL 90 WORKING DAYS WHILE ASSIGNED TO THE CLIENT'S PREMISES. CLIENT AGREES THE TEMPORARY WILL NOT BE RESPONSIBLE FOR CASH, NEGOTIABLE INSTRUMENTS, OR OTHER VALUABLES. INVOICES NOT PAID BY DUE DATE ARE SUBJECT TO COLLECTION, WITH ALL COSTS OF COLLECTION INCLUDING ATTORNEYS' FEES ALSO BEING PAID BY CLIENT. SUPERVISOR'S SIGNATURE ON THIS TIME SHEET CONSTITUTES AN AGREEMENT TO THE TERMS SET FORTH ABOVE.

Best Temporaries is an Equal Opportunity Employer. U.S. Law requires all applicants who register to show proof of identity and the right to work in the U.S.

White & Yellow - RETURN TO BEST TEMPORARIES
 Pink - Temporary's Copy Gold - Client Copy

Anthia C. Atwater

SSN: (b)(6)



U.S. Department of Housing and Urban Development

Attendance Record Sheet

Organization

Date 12-22-96 12-28-96

Page () of ()

Office of National AIDS Policy

Instructions: All employees shall be responsible for recording and certifying their arrival and departure times on this register on a daily basis. Employees shall sign in immediately prior to beginning work and sign out upon completion of the work day. Sign in and sign out shall be sequential. No employee will be required to sign out or sign in for the lunch period.

Arrival Time	Name	Departure Time	Name	Hours Absent (Less than 8 hours)		*Code	**Approved Overtime / Credit Hours Worked		*Code
				From	To		From	To	
7:00	Print Name ANTHIA C. ATWATER	6:00	Print Name ANTHIA C. Atwater	From	To		From	To	
	Signature Anthia C. Atwater		Signature Anthia C. Atwater	From	To		From	To	
7:00	Print Name ANTHIA C. ATWATER	6:00	Print Name ANTHIA C. Atwater	From	To		From	To	
	Signature Anthia C. Atwater		Signature Anthia C. Atwater	From	To		From	To	
	Print Name CHRIS		Print Name DAY	From	To		From	To	
	Signature CHRIS		Signature DAY	From	To		From	To	
7:00	Print Name ANTHIA C. ATWATER	6:00	Print Name ANTHIA C. ATWATER	From	To		From	To	
	Signature Anthia C. Atwater		Signature Anthia C. Atwater	From	To		From	To	
7:00	Print Name ANTHIA C. ATWATER	6:00	Print Name ANTHIA C. ATWATER	From	To		From	To	
	Signature Anthia C. Atwater		Signature Anthia C. Atwater	From	To		From	To	
	Print Name		Print Name	From	To		From	To	
	Signature		Signature	From	To		From	To	
	Print Name		Print Name	From	To		From	To	
	Signature		Signature	From	To		From	To	
	Print Name		Print Name	From	To		From	To	
	Signature		Signature	From	To		From	To	
	Print Name		Print Name	From	To		From	To	
	Signature		Signature	From	To		From	To	
	Print Name		Print Name	From	To		From	To	
	Signature		Signature	From	To		From	To	

As of Signature (Indicates only that employee arrival and departure times are accurate) Date 12/32/96

* Codes: A=Annual Leave S=Sick Leave L=LWOP E=Excused Absence CT=Comp. Time OT=Overtime Worked
O=Other (Court/Military) RA=Restored Annual Lv. CH=Credit Hrs. H=Holiday Worked COP=Injury Compensation

** The appropriate authorization form must be on file for all time recorded.

Form HUD-25006 (10/90)

Previous editions are obsolete

11/05/96 16:18

HUD A/S ADMIN - 96321096

NU.441

FD004

Anthia C. Atwater

SSN: (b)(6) (b)(7)(C)

U.S. Department of Housing and Urban Development



11/05/96

16:18

HUD R/S ADMIN - 96321096

Attendance Record Sheet

Version: _____ Date: 12-9-96 12-13-96
Office of National AIDS Policy Page () of ()

Instructions: All employees shall be responsible for recording and certifying their arrival and departure times on this register on a daily basis. Employees shall sign in immediately prior to beginning work and sign out upon completion of the work day. Sign in and sign out shall be sequential. No employee will be required to sign out or sign in for the lunch period.

Arrival Time	Name	Departure Time	Name	Hours Absent (Less than 8 hours)	*Code	**Approved Overtime / Credit Hours Worked	*Code
7:00	Print Name <u>ANTHIA C. ATWATER</u> Signature _____	6:00	Print Name <u>ANTHIA C. ATWATER</u> Signature _____	From To ~~From To~~	S	From To ~~From To~~	
7:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	6:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	From To		From To	
7:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	6:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	From To		From To	
7:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	6:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	From To		From To	
7:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	6:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	From To		From To	
7:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	6:00	Print Name <u>ANTHIA C. ATWATER</u> Signature <u>Anthia C. Atwater</u>	From To		From To	
	Print Name _____ Signature _____						
	Print Name _____ Signature _____						
	Print Name _____ Signature _____						
	Print Name _____ Signature _____						

SF 71
(Revised 3/79)
OFFICE OF PERSONNEL MANAGEMENT
FPM Supply: 990-2, 6 2-9

APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <u>ATWATER, ANTHIA C.</u>				2. Employee I.D. Number _____				
3. Organizational Unit <u>OFFICE OF NATIONAL AIDS POLICY</u>				4-A	Month	Day	Hour	4-C
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: ☐ Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) ☒ Sick Leave. (Complete reverse side of form.) ☐ Leave Without Pay. ☐ Compensatory Time. ☐ Other. (Specify) _____				FROM:	12	9	9:00	A.M.
				TO:	12	9	6:00	P.M.
6. Remarks				7. Employee's Signature <u>Anthia C. Atwater</u>				8. Date (Month Day Year) <u>12-11-96</u>

OFFICIAL ACTION ON APPLICATION

☒ Approved	☐ Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature <u>Carmena Paris</u>	Date (Month Day Year) <u>12/10/96</u>
--	---	-----------------------------------	---

Supervisor's Signature (Indicate only that employee arrival and departure times are accurate)
Carmena Paris 12/13/96
her side of this form for additional signatures.

LI PP AG ST TOWN UN TK G W O FT PT INT 40 ST END S/S NAME: ATWATER, ANTHIA C.
 01 24 83 11 10 10 1 1 1 (b)(6) DATE: 12-10-96
 02 FS AL O F CON AUO1 2 % AC 2 DA 10 CS AWS 7
 PR TC SUFFIX WEEK1 WEEK2 APP A B C D E F LL
 03 01 32.0 40.0
 04 66 8.0 0.0 1

14 67 80.0 <TOTAL TIME ANNUL FWD 0.0 ACCR 0 USED 0.0 BAL 0.0 1
 15 0 0 0.0 0.0 SICK FWD 4.0 ACCR 4 USED 0.0 BAL 8.0 1
 16 0 0 0.0 0.0 COMP FWD 0.0 ACCR 0.0 USED 0.0 BAL 0.0 1
 17 0 0.0 <TOTAL OTHR LWOP FWD 8.0 USED 0.0 BAL 8.0 1
 18 AWOL FWD 0.0 USED 0.0 BAL 0.0 1
 19 REMARKS: (MAX.23 CHAR.) SUSP FWD 0.0 USED 0.0 BAL 0.0 1
 20 MILR FWD 0 <DAYS> USED 0 BAL 0 2
 21 MILE FWD 0.0 USED 0.0 BAL 0.0 2
 22 OTHR USED 8.0 2
 23 CRED FWD 0.0 ACCR 0.0 USED 0.0 BAL 0.0 2
 24 HOME FWD 0.0 ACCR 0.0 USED 0.0 BAL 0.0 2
 25 SHOR FWD 0.0 ACCR 0.0 USED 0.0 BAL 0.0 2
 26 RSTR FWD 0.0 USED 0.0 BAL 0.0 2
 27 FURL FWD 0.0 USED 0.0 BAL 0.0 2

CERTIFIED

TMKP

J. Jones

EMPL

KA

SUPER.

Carmona Pami

P/T UNAPPLIED CARRYOVER A/L FWD 0.0
 S/L FWD 0.0

CARRYOVER A/L BAL 0.0
 S/L BAL 0.0

P/P DUTY HRS 80.0

A/L CATG 0

S/L CATG 4

A/L CEIL 240.0

ELIGIBLE FOR STANDBY AUO: NO
 APPT. LIMITED TO DAYS OR INT: YES

Anthia C. Atwater
SSN: 910-10-1010



Attendance Record Sheet

U.S. Department of Housing and Urban Development

Location Office of National AIDS Policy Date 11-18-96 11-22-96
Page () of ()

Instructions: All employees shall be responsible for recording and certifying their arrival and departure times on this register on a daily basis. Employees shall sign in immediately prior to beginning work and sign out upon completion of the work day. Sign in and sign out shall be sequential. No employee will be required to sign out or sign in for the lunch period.

Arrival Time	Name	Departure Time	Name	Hours Absent (Less than 8 hours)	*Code	**Approved Overtime / Credit Hours Worked	*Code
9:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
9:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
9:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
9:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
9:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
9:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	

Supervisor's Signature (Indicate only that employee arrival and departure times are accurate) Date 11/20/96

* Codes: A=Annual Leave S=Sick Leave L=LWOP E=Excused Absence CT=Comp. Time OT=Overtime Worked
O=Other (Court/Military) RA=Restored Annual Lv. CH=Credit Hrs. H=Holiday Worked COP=Injury Compensation
** The appropriate authorization form must be on file for all time recorded.

Anthia C. Atwater

SSN: (b)(6)



Attendance Record Sheet

U.S. Department of Housing and Urban Development

Location

Date 11-10-96

11-15-96

Page (

) of (

Office of National AIDS Policy

Instructions: All employees shall be responsible for recording and certifying their arrival and departure times on this register on a daily basis. Employees shall sign in immediately prior to beginning work and sign out upon completion of the work day. Sign in and sign out shall be sequential. No employee will be required to sign out or sign in for the lunch period.

Arrival Time	Name	Departure Time	Name	Hours Absent (Less than 8 hours)	*Code	**Approved Overtime / Credit Hours Worked	*Code
	Print Name Signature OUT		Print Name Signature OUT	From To		From To	
7:00	Print Name ANTHIA CATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:10	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:00	Print Name ANTHIA ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	

For a Signature (Indicate only that employee arrival and departure times are accurate). Date

* Codes: A-Annual Leave S-Sick Leave L-LWOP E-Excused Absence CT-Comp Time OT-Overtime Worked
O-Other (Court/Military) RA-Restored Annual L-Credit Hrs H-Holiday Worked COP-Injury Compensation

Tatiana J. Fleming 11-15-96

The appropriate authorization form must be on file for all time recorded.

Previous editions are obsolete

Form HUD-25006 (10/90)

11/05/96 16:18

HUD A/S ADMIN + 96321096

NU.441 1002

Anthia C. Atwater

SSN: 7 7 9 9 9 9

U.S. Department of Housing and Urban Development



Attendance Record Sheet

Organization Office of National AIDS Policy Date 11-04-96 Page () of ()

Instructions: All employees shall be responsible for recording and certifying their arrival and departure times on this register on a daily basis. Employees shall sign in immediately prior to beginning work and sign out upon completion of the work day. Sign in and sign out shall be sequential. No employee will be required to sign out or sign in for the lunch period.

Arrival Time	Name	Departure Time	Name	Hours Absent (Less than 8 hours)	*Code	**Approved Overtime / Credit Hours Worked	*Code
7:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
7:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	6:00	Print Name ANTHIA C. ATWATER Signature Anthia C. Atwater	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	
	Print Name Signature		Print Name Signature	From To		From To	

Supervisor's Signature (Indicate only that employee arrival and departure times are accurate) Date 11-8-96

* Codes: A=Annual Leave S=Sick Leave L=LWOP E=Excused Absence CT=Comp. Time OT=Overtime Worked
C=Other (Court/Military) RA=Restored Annual Lw GH=Credit Hrs. H=Holiday Worked COP=Injury Compensation

** The appropriate authorization form must be on file for all time recorded.

Other side of this form for additional signatures.

Previous editions are obsolete

Form HUD-25006 (10/90)

HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 11-03-96

ADMIN: HP97-0104

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>										ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8		OUT ↗	32
Lunch Break	OUT	1:00		1:30		12:00		2:00				
	IN	2:00		2:30		1:00		3:00				
P.M.	OUT	6:00		6:00		6:00		6:00				
SIGNATURE												
		TEMP: Anthia Atwater				SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940		

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
6. Return this timecard to CP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 10-27-96

ADMIN: HP97-0104

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period	IN	Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	1:00	8	2:00	8	—	8	1:30	8	2:00	8		
	IN	2:00		3:00		—		2:30		3:00			
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			
 S I G N TEMP: Anthia Atwater SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090 GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940													

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.

3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

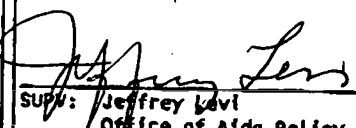
(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 10-20-96

ADMIN: HP97-0104

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>										ACCT NO: <u>8650143/AA/0000</u>		CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	X		9:00	8	9:00	8	9:00	8	9:00	8	32	
Lunch Break	OUT			1:00		1:00		—		2:00			
	IN			2:00		2:00		—		3:00			
P.M.	OUT			6:00		6:00		6:00		6:00			
SIGNATURE		 TEMP: Anthia Atwater		 SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940					

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 10-13-96

ADMIN: HP97-0104

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:30	8	9:00	4.5	/	/	/	/	9:00	8	20.5	
Lunch Break	OUT	1:30		—						2:00			
	IN	2:00		—						3:00			
P.M.	OUT	6:00		1:30						6:00			
SIGNATURE													
		TEMP: Anthia Atwater				SUPV: Jeffrey Levi Office of Kids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940			
1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. Return this timecard to OP/PAJ: Everard B. Nattax, Room 2282/Phone 708-0614, ext. 30033.													

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 10-06-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period	IN	Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00				9:30		32	
Lunch Break	OUT	2:00	8	2:00	8	2:30	8	OUT			8		
	IN	8:00		3:00		3:30							
P.M.	OUT	6:00		6:00		6:00				6:00			

SIGNATURE: *Anthia Atwater*

TEMP: Anthia Atwater

SUPV: *Jeffrey Levi*

Office of Aids Policy
Phone: 632-1090

GTM: Vivian Pleasant
HUD, Room 10110
Phone: 708-0940

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.

3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 9-29-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u>
												CONTRACT: <u>PAJ TEMPS #18159</u>
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00		9:00		9:00		9:00				32
Lunch Break	OUT	2:00	8	2:00	8	2:00	8	2:00	8			
	IN	3:00		3:00		3:00		3:00				
P.M.	OUT	6:00		6:00		6:00		6:00				
S I G N TEMP: Anthia Atwater S U P V Office of Aids Policy Phone: 632-1090 G T M Vivian Pleasant HUD, Room 10110 Phone: 708-0940												

1. Temps **CANNOT** be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.

3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 09-29-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	2:00	8	2:00	8	2:00	8	2:00	8	1:30	8		
	IN	3:00		3:00		3:00		3:00		2:30			
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			
SIG N TEMP: Anthia Atwater SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090 GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940													

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.

3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 9-15-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	—	9	—	9	2:00	8	1:00	8	12:30	8		
	IN	—		—		3:00		2:00		1:30			
P.M.	OUT	6:00		6:00		6:00		6:50		6:00			
SIGNATURE: EMP: Anthia Atwater SUPV: Jeffrey Levy Office of Aids Policy Phone: 632-1090 GTN: Vivian Pleasant HUD, Room 10110 Phone: 708-0940													

1. Temps **CANNOT** be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
 2. Lunch breaks are **UNPAID** time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTNs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her **LAST** time sheet.
 6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 09-08-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>										ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN			9:00		9:00		9:00		9:00		32

Lunch Break	OUT			1:00	8	2:00	8	2:00	8	2:00	8	
	IN			2:00		3:00		3:00		3:00		
P.M.	OUT			6:00		6:00		6:00		6:00		

SIGNATURE: *Anthia Atwater*

TEMP: Anthia Atwater

SURV: *Jeffrey Levi*

Office of Aids Policy
Phone: 632-1090

GTM: Vivian Pleasant
HUD, Room 10110
Phone: 708-0940

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

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3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 09-01-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period	IN	OUT	Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
			Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN				9:00		9:00		9:00		9:00		32
.....													
Lunch Break	OUT			8	2:00	8	2:00	8	2:00	8	1:00	8	
.....													
P.M.	IN				3:00		3:00		3:00		2:00		
.....													
P.M.	OUT				6:00		6:00		6:00		6:00		
.....													

SIGNATURE: *Anthia Atwater*

TEMP: Anthia Atwater

SUPERVISOR: *Jeffrey Levi*

SUPV: Jeffrey Levi
Office of Aids Policy
Phone: 632-1090

GTN: Vivian Pleasant
HUD, Room 10110
Phone: 708-0940

1. Temps **CANNOT** be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

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3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTNs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her **LAST** time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 08-25-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u>
												CONTRACT: <u>PAJ TEMPS #18159</u>
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN			9:00		9:00		9:00		9:00		32
Lunch Break	OUT			—	8	1:30	8	2:00	8	12:30	8	
	IN			—		2:00		3:00		1:30		
P.M.	OUT			6:00		6:00		6:00		6:00		

SIG: Anthia C Atwater

TEMP: Anthia Atwater

SUPV: Jeffrey Levi

Office of Aids Policy

Phone: 632-1090

GTN: Vivian Pleasant

HUD, Room 10110

Phone: 708-0940

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.

3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTNs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC. 1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 08-18-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8	9:00	8	40	
Lunch Break	OUT	2:00		2:00		2:00		1:00		12:30			
	IN	3:00		3:00		3:00		2:00		1:30			
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			

SIGNATURE: *Anthia C. Atwater*

TEMP: Anthia Atwater

SUPV: *Carmina Harris for*

Jeffrey Levi
Office of Aids Policy
Phone: 632-1090

GTN: Vivian Pleasant
HUD, Room 10110
Phone: 708-0940

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

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5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC. 1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 08-11-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>										ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8	9:00	40	
Lunch Break	OUT	2:00		2:00		2:00		2:00		2:00		
	IN	3:00		3:00		3:00		3:00		2:30		
P.M.	OUT	6:00		6:00		6:00		6:00		6:00		
SIGNATURE:  TEMP: Anthia Atwater SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090 GTH: Vivian Pleasant HUD, Room 10110 Phone: 708-0940												

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
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 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2252/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 8-4-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>			
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)			
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total				
A.M.	IN		/		/	9:00	8	9:00	8	9:00	8	24			
.....															
Lunch Break	OUT					2:00				2:00				1:00	
	IN					3:00				3:00				2:00	
P.M.	OUT					6:00		6:00		6:00					

SIGNATURE: <i>Anthia Atwater</i> NAME: ANTHIA ATWATER	SUPERVISOR: <i>Jeffrey Levi</i> NAME: Jeffrey Levi Office of Aids Policy Phone: 632-1090	GTM: <i>Vivian Pleasant</i> NAME: Vivian Pleasant HUD, Room 10110 Phone: 708-0940
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1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.
 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.
 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

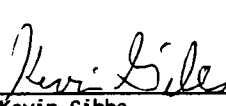
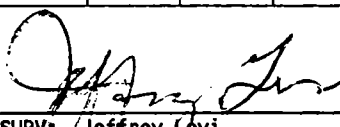
(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 8/4/96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: KEVIN GIBBS										ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00	8									8
Lunch Break	OUT	6:00										
	IN											
P.M.	OUT											
SIGNATURE		 TEMP: Kevin Gibbs		 SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090				 GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940				

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

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4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

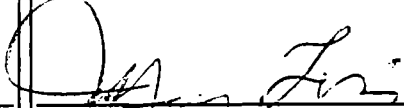
(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 7/28/96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: KEVIN GIBBS												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN									12:30	5	5	
Lunch Break	OUT									5:30			
	IN												
P.M.	OUT												
SIGNATURE	 TEMP: Kevin Gibbs					 SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090					 GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940		
	1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet. 6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.												

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 07-28-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u>
												CONTRACT: <u>PAJ TEMPS #18159</u>
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00		9:00		9:00		9:00		9:00		36
Lunch Break	OUT	2:00	8	2:30	8	1:00	8	1:00	8	-	4	
	IN	3:00		3:30		2:00		2:00		-		
P.M.	OUT	6:00	6:00	6:00	6:00	1:00						
SIGNATURE		<i>Anthia Atwater</i> TEMP: Anthia Atwater				<i>Patricia S. Fleming</i> SUPV: Jeffrey Levi for Office of Aids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940		

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5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC. 1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 07-21-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	2:00	8	2:00	8	2:00	8	2:30	8		8		
	IN	3:00		3:00		3:00		3:30					
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			

SIGNATURE: <u>Anthia Atwater</u> TEMP: Anthia Atwater	SIGNATURE: <u>Jeffrey Levi</u> SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090	SIGNATURE: <u>Vivian Pleasant</u> GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940
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2. Lunch breaks are **UNPAID** time; temps are generally given 30 minutes by their employer.
3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).
4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.
5. Please attach the Temp's temporary I.D. to his/her **LAST** time sheet.
6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

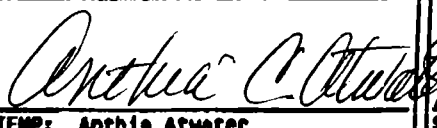
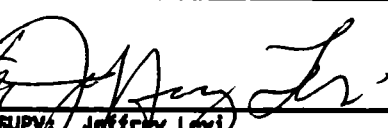
(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 07-14-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	1:00	8	1:00	8	2:00	8	2:00	8		8		
	IN	2:00		2:00		3:00		3:00					
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			
SIGNATURE		 TEMP: Anthia Atwater				 SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940			

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.

3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 07-07-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period	IN	Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00	8	9:00	8	9:00	8	~~_____~~		9:00	8	32	
.....	OUT	2:00		2:00		2:00				2:00			
Lunch Break	IN	3:00		3:00		3:00				3:00			
.....	OUT	6:00		6:00		6:00				6:00			
P.M.	OUT												

SIGN

Anthea C. Atwater

TEMP: Anthia Atwater

Carmena Ruiz

SUPV: Jeffrey Levi
Office of Aids Policy
Phone: 632-1090

GTM: Vivian Pleasant
HUD, Room 10110
Phone: 708-0940

1. Temps **CANNOT** be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

2. Lunch breaks are **UNPAID** time; temps are generally given 30 minutes by their employer.

3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her **LAST** time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 06-30-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>B650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8	9:00	8	40	
Lunch Break	OUT	1:00		2:30		2:00		2:00		1:00			
	IN	2:00		3:30		3:00		3:00		2:00			
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			

SIGNATURE: <u>Anthia C. Atwater</u> TEMP: Anthia Atwater	SUPV: <u>Jeffrey Lewis</u> Office of Aids Policy Phone: 632-1090	GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940
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5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2252/Phone 708-0614, ext. 30033.

SC. 1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 06-23-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>										ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8	9:00	8	40
.....	OUT	1:00		1:00		1:00		1:00		1:00		
Lunch Break	IN	2:00		2:00		2:00		2:00		2:00		
.....	OUT	6:00		6:00		6:00		6:00		6:00		
S I G <i>Anthia C. Atwater</i> TEMP: Anthia Atwater <i>Jeffrey Levi</i> SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090 <i>Vivian Pleasant</i> GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940												
1. Temps <u>CANNOT</u> be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are <u>UNPAID</u> time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her <u>LAST</u> time sheet. 6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.												

SC. 1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 6-16-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	1:30	8	1:30	8	1:30	8	1:30	8	1:30	8		
	IN	2:30		2:30		2:30		2:30		2:30			
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			
SIGN TEMP: Anthia Atwater SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090 GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940													

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4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 06-09-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period	IN	Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8	9:00	5	37	
Lunch Break	OUT	1:00		1:00		1:00		1:00		1:00			—
	IN	2:00		2:00		2:00		2:00		2:00			—
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			2:00

Anthia C. Atwater
EMP: Anthia Atwater

Jeffrey Levi
SUPV: Jeffrey Levi
Office of Aids Policy
Phone: 632-1090

Vivian Pleasant
GTN: Vivian Pleasant
HUD, Room 10110
Phone: 708-0940

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 5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.
 6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 5-31-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u>
												CONTRACT: <u>PAJ TEMPS #18159</u>
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	/	/	9:00	/	9:00	/	9:00	/	9:00	/	32
Lunch Break	OUT	/	/	4:00	8	1:00	8	1:00	8	1:00	8	
	IN	/	/	2:00	/	2:00	/	2:00	/	2:00	/	
P.M.	OUT	/	/	6:00	/	6:00	/	6:00	/	6:00	/	
SIG TEMP: Anthia Atwater SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090 GTN: Vivian Pleasant HUD, Room 10110 Phone: 708-0940												

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4. Supervisors & GTNs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her **LAST** time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room Z282/Phone 708-0614, ext. 30033.

SC.1559

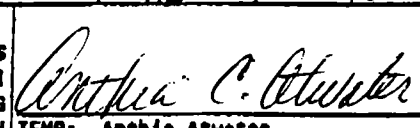
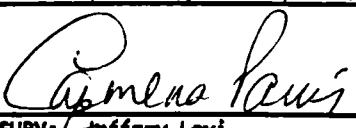
(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 5-24-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>B650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00	8	9:00	8	8:15	8	8:15	8	9:00	8	40	
Lunch Break	OUT	1:00		1:00		1:00		1:00		1:00			
	IN	2:00		2:00		2:00		2:00		2:00			
P.M.	OUT	6:00		6:00		5:15		5:15		6:00			
SIGNATURE		 EMP: Anthia Atwater				 SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940			
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SC. 1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 05-19-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	1:00		1:00		1:00	8	1:00	8	1:00	8		
	IN	2:00		2:00	8	2:00		2:00	8	2:00			
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			
		SUPV: <u>Jeffrey Levi</u> Office of Aids Policy Phone: 632-1090		GTM: <u>Vivian Pleasant</u> HUD, Room 10110 Phone: 708-0940									

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6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 5-12-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00		9:00		40	
Lunch Break	OUT	1:00		1:00		1:00		1:00		1:00			
	IN	2:00		2:00		2:00		2:00		2:00			
P.M.	OUT	6:00		6:00		6:00		6:00		6:00			
 TEMP: Anthia Atwater SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090 GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940													

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 6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

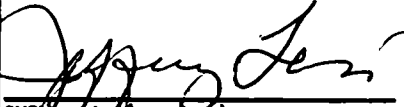
(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 8-5-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATMATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	9:00		9:00		9:00		9:00					
Lunch Break	OUT	1:00	8	—	9	1:00	8	1:00	8				
	IN	2:00		—		2:00		2:00					
P.M.	OUT	6:00		6:00		6:00		6:00					
SIGNATURE		 TEMP: Anthia Attwater				 SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940			

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SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 04-28-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>												ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)	
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total		
A.M.	IN	—	✓	9:00	8	9:00	8	9:00	8	9:00	8	32	
Lunch Break	OUT	—		1:00		1:00		1:00		1:00			
	IN	—		2:00		2:00		2:00		2:00			
P.M.	OUT	—		6:00		6:00		6:00		6:00			
SIGNATURE		<u>Anthia C. Atwater</u>		<u>Jeffrey Levi</u>									
EMPLOYEE		TEMP: Anthia Atwater		SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090								GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940	
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SC. 1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 4-21-96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>										ACCT NO: <u>8650143/AA/0000</u>		SUMMARY (total hours worked)
										CONTRACT: <u>PAJ TEMPS #18159</u>		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8	9:00	8	40
Lunch Break	OUT	1:00		1:00		1:00		1:00		1:00		
	IN	2:00		2:00		2:00		2:00		2:00		
P.M.	OUT	6:00		6:00		6:00		6:00		6:00		
SIGNATURE		<u>Anthia C. Atwater</u>				SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940		

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SC. 1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 4-14-94

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: <u>ANTHIA ATWATER</u>											ACCT NO: <u>8650143/AA/0000</u> CONTRACT: <u>PAJ TEMPS #18159</u>	
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN	9:00	8	9:00	8	9:00	8	9:00	8	9:00	8	40
Lunch Break	OUT	1:00		1:00		1:00		1:30		1:00		
	IN	2:00		2:00		2:00		2:30		2:00		
P.M.	OUT	6:00		6:00		6:00		6:00		6:00		
SIGNATURES		 TEMP: Anthia Atwater				 SUPV: Jeffrey Levi Office of Aids Policy Phone: 632-1090				GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940		

1. Temps CANNOT be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED.

2. Lunch breaks are UNPAID time; temps are generally given 30 minutes by their employer.

3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75).

4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match.

5. Please attach the Temp's temporary I.D. to his/her LAST time sheet.

6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



HUD'S DAILY TIMESHEET FOR TEMPORARY SERVICE EMPLOYEES

WEEK ENDING: 04/07/96

ADMIN: HP96-0726

TEMPORARY EMPLOYEE: ANTHIA ATWATER										ACCT NO: 8650143/AA/0000 CONTRACT: PAJ TEMPS #18159		
Daily Time Period		Monday		Tuesday		Wednesday		Thursday		Friday		SUMMARY (total hours worked)
		Hours	Total	Hours	Total	Hours	Total	Hours	Total	Hours	Total	
A.M.	IN							9:00		9:00		16
Lunch Break	OUT							12:30	8		8	
	IN							1:30				
P.M.	OUT							6:00				
SIGNATURE: <i>Anthia Atwater</i> EMP: Anthia Atwater		SUPERVISOR: <i>[Signature]</i> SUPERVISOR: Carmena Parris Office of Aids Policy Phone: 632-1090						GTM: Vivian Pleasant HUD, Room 10110 Phone: 708-0940				
1. Temps <u>CANNOT</u> be paid for more than the regular work week (32 or 40 hrs.) NO OVERTIME WILL BE AUTHORIZED. 2. Lunch breaks are <u>UNPAID</u> time; temps are generally given 30 minutes by their employer. 3. Time is calculated to the nearest 15 minutes (in quarter-hours; .25, .50, and .75). 4. Supervisors & GTMs must be sure that hrs reported on the Temp agency's timecard & HUD's timecard match. 5. Please attach the Temp's temporary I.D. to his/her <u>LAST</u> time sheet. 6. Return this timecard to OP/PAJ: Everard B. Mattox, Room 2282/Phone 708-0614, ext. 30033.												

SC.1559

(ATTACH A COPY OF YOUR TEMP AGENCY'S TIMECARD BELOW)



CLIENT TERMS AND CONDITIONS

- **CERTIFIED HOURS** - The hours indicated on this time card are confirmed as correct and the work was performed in a satisfactory manner.
- **HANDLING VALUABLES** - The Client agrees that Paj Business Staffing Temporaries will not be entrusted with nor permit access to unattended premises, cash, negotiable instruments, credit cards, charge slips, or other valuables of any kind without the written approval and/or prior agreement with Paj Business Staffing. Under no circumstances will Paj be responsible for claims made under its fidelity bond unless client notifies Paj of such claims in writing within 30 days after occurrence.
- **HIRING A TEMPORARY** - Paj incurs substantial expense in recruiting, testing, screening, advertising and maintaining a ready pool of personnel. Therefore, the Client and all supervising parties agree not to directly utilize this temporary in any manner or under any circumstances, other than through Paj, for the next six months.
- Directly utilize means, but is not limited to employment, offers of employment, referral for employment, referral through another service, hiring in another professional capacity, use as a freelance basis or as an independent contractor.
- Clients means, but is not limited to the client, subsidiaries, divisions, partners, affiliates, subcontractors and all parties supervising or utilizing or the temporary.
- **COST OF HIRE** - Clients that plan to directly utilize a temporary agree to immediately notify Paj in writing. Clients who do not have a separate cost of hire contract, exclusion clause or agreement with Paj then agrees to either: 1) pay Paj a nonrefundable \$1,300 (liquidated damages); or 2) keep the Temporary on the Paj payroll for an additional 60 days. (Federal government excluded from the cost of hire clause.)
- **TERMS** - Invoices are payable upon receipt. Finance charges of 1 1/2% per month accrue on the unpaid balance. The Client agrees to bear all expenses and legal costs that are reasonable and necessary to collect debts or enforce the terms of this Agreement and waives the right to a jury. Legal costs will include a charge for attorney's fee of 15% or actual attorney's fees, which ever is greater.

X Jeffrey Lewis 4/5/96
AUTHORIZED REPRESENTATIVE OF CLIENT DATE

TEMPORARY EMPLOYEE AGREEMENT

- **AUTHORIZED OVERTIME** - My overtime was authorized in advance by the Client and the initials of my supervisor are next to each day with overtime.
- **VERIFIED HOURS** - The hours shown are reported and confirmed correct.
- **WORKING FOR CLIENT** - I understand that any employment direct or indirect, resulting from an assignment with Paj will be subject to the Client Agreement and the Employment Agreement I signed upon registration. I am therefore obligated to notify Paj as outlined in my Employment Agreement.
- **RELEASE** - When I notify Paj and obtain a written release, I am then and only then released from ALL obligations associated with my being hired. Therefore, if I do not provide written notice to Paj BEFORE first (1st) day I return back to the Client's facility except through Paj, I will be held jointly and severally liable for the liquidated damages specified in the Client Agreement and my Employment Agreement.

X Anthia Atwater 4-5-96
TEMPORARY EMPLOYEE SIGNATURE DATE

REPORT TO: <u>Jeffrey Lewis</u> <u>Carmena Harris</u>							
Off-Site							
 Paj Business Staffing 301-589-4600 Fax 301-589-4422							
CLIENT INFORMATION							
CLIENT NO.							
COMPANY NAME	WEEK ENDING SUNDAY						
WHITE HOUSE OFFICE OF AIDS POLICY	Mo 04 Day 07 Yr 96						
ADDRESS							
750 17th Street, NW (Suite 600)							
CITY	JOB NUMBER						
WASH. DC	HP 96-0726						
TEMPORARY EMPLOYEE INFORMATION							
YOUR NAME							
ANTHIA ATWATER							
AVAILABLE FOR WORK? YES ☐ NO ☒							
SOCIAL SECURITY NO.							
578 70 8152							
RETURNING TO ASSIGNMENT YES ☒ NO ☐							
FILL IN DATES							
HOURS TO NEAREST 1/4 HOUR							
DAY	DATE	START	FINISH	LESS LUNCH	REG. HOURS	O.T. HOURS	OVERTIME APPROVAL
MON							
TUES							
WED							
THUR	4	9:00	6:00	1	8		
FRI	5	9:00	6:00	1	8		
SAT							
SUN							
FILL IN DATES		HOURS TO NEAREST 1/4 HOUR					
FOUR (4) HOUR MINIMUM PER EMPLOYEE PER DAY		REG.	O.T.	TOTAL			
		16		16			
1. PRESS HARD WHEN WRITING 2. KEEP (GOLD) COPY FOR YOUR RECORDS 3. LEAVE (PINK) COPY WITH CLIENT 4. MAIL OR DROP BOTH THE (WHITE AND YELLOW) COPIES TO Paj BY 12 NOON MONDAY.							