COWORX STAFFING SERVICES LLC

For Field Associates on assignment with P&G Prestige



Last Name	First Name		M.I.	Week End Date (Saturday)	ind Date (Saturday)					CoWorx ID#										
Address		Apt # Telephone Number																		
					()				-									
City	State	Zip Code		Email Address:		-														
Indicate the Name of your P&G Prestige Retail Executive (please prin	it):																			

By signing below, I am declaring my time reported reflects true and accurate time worked and includes that I took and recorded all applicable breaks and/or meal periods, pursuant to CoWorx's Break and Meal Period Policy, as they pertain to the state in which I work. I am responsible to comply with the current version of the CoWorx Break and Meal Period Policy, which can be located at https://www.coworx.net/forms.asp?id=17576

Signature:	Date:	Rate Per Hour	Total Hours (less breaks)	Total Amount Due

This timesheet is to be used for <u>ONE</u> Sunday through Saturday week only - The department/counter manager must sign before submitting to CoWorx. Please include your focus brand & the name of your Retail Executive in the spaces provided.

I understand I am being provided a weekly schedule by my P&G Prestige RE. If I am unable to adhere to the schedule I am assigned, I must notify my RE at least 1 hour prior to my start time.

				Focus	Hours Worked						Retail Sales Generated								
	Date	Store Name	Store Name Store #	Brand (one per	Start	Bre	eak	Stop	Total	Dept Mgr's Signature	Dolce & Gabbana	Gucci	Lacoste	Hugo Boss	Other Fragrance	All Beauty &			
DaSunMonTueWedThuFriSat				day)	Time	Start	Stop	Time	Hours	- 3	100	200	300	400	500	600			
Sun																			
Mon																			
Tue																			
Wed																			
Thu																			
Fri																			
Sat																			
Total Retail Sales per Brand:										\$	\$	\$	\$	\$	\$				

This timesheet must be completed in its entirety & submitted to CoWorx immediately following your last day worked or no later than 1:00 pm EASTERN TIME on Mondays. You MUST have the department or counter manager sign the timesheet at the end of each shift. Missing information will cause delays in the processing of your timesheet. CoWorx can not guarantee that your funds will be available on a regular schedule based on your submission date. After receipt & review of your timesheet, CoWorx will submit to P&G for approval

Upon completion of this timesheet, please submit directly to CoWorx Staffing at: FAX: 1-866-448-5858 EMAIL: PGTS@coworxstaffing.com

Blank copies of timesheets are available online at https://www.coworx.net/forms.asp?id=17576

Fragrance						COWORX STAFFING SERVICES LLC																		
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Doe					Jane									7/20		2	0	0	0	0 0	0	Α		
Address						Jane 7/7/2012 Apt # Telephone Numb																		
15 Anywhere Street										4 2					2 0	2	2	2	-	1 2	3	4		
City					State		Zip Code					Email Address:		1	11	1 1						1		
New York					NY	Y 12345 janedoe2012@hotmail.com																		
	Indicate the	Name of your P&G Pres	tige Retail Exe	cutive (please print)	:	Fabi	io Pe	nta																
By s		I am declaring my time																			cy, as t	hey		
pertain to the state in which I work. I am responsible to comply with the current version of the Co Signature: Jane Doe									1	e: 07/08/20132 Rate Per Hour 12.00								s breaks)	· ·					
	•								I															
			This timesh									ment/counter manage Executive in the spac			fore submittir	ig to Co	ovvorx.							
	l un	nderstand I am being p	provided a w			-				-					y my RE at I	east 1 I	hour pr	rior to m	ıy sta	art time.				
					Hours Worked										I	Retail Sales Generated								
	Date Store Name Store # Focus Brand (one per day)		Focus Brand (one per day)	Start Break Stop Time Time			Total Dept Mgr's Signature Hours			Dolce & Gabbana		Gucci	Laco		Hugo B	oss	Other Fragrance		eauty &					
Sun	7/1/12	Macys	63	AS	10:00	Start	Stop 2:15	4:15	1 6	1	7	dignature		00 00	200	³⁰ 20		400		500		00 00		
Suii		Macys	(03)	-7° A	10.00	2.00	2.15	4.19	∕ [°]		ong, e		+	00		20					5	00		
Mon	7/2/12												_			<u>D</u>								
Tue	7/3/12	Macys	63	AS	10:00	-		2:00	4	Dopt	Mgr's	Signature		כ							4	00		
Wed	7/4/12	C		\Box	\Box																			
Thu	7/5/12	Macys	63	AS	10:00	12:00	12:15	3:15	5	Dopt	Mgr's	Signature	1	50				600)					
Fri	7/6/12	Macys	63	AS	10:00	-	-	2:00	4	Dopt	Mgr's	Signeture	1)0	100			200)		4	00		
Sat	7/4/12	Macys	63	AS	10:00	12:00	12:15	3:15	5	Dept	Mgr's	Signaturo						400)		4	00		
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**This	timesheet n	nust be completed in	its entirety 8	submitted to Co	Worx <u>im</u>	mediate	ly follow	<u>/ing you</u>	r last da			or <u>no later than 1:0</u>	0 pm E	ASTE	RN TIME or	n Mond	<u>lays</u> . Y	′ou <u>MU</u>	<u>ST</u> h	ave the de	partm	ent or		

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