



G R O U P

28349 FORT STREET • TRENTON, MICHIGAN 48183

INCIDENTAL LABOR CONTRACT/REC

(Please Complete Upon Hiring)

Name _____ Date _____

HOURLY EMPLOYEES

Regular Time	Over Time	Amount Paid

Driver/Contractor _____

If payment is made directly for Casual Labor, complete below.

Social Security # _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

I have received the above amount paid and I acknowledge that I am responsible for my own F.I.C.A. and Federal withholding. I also understand that I am responsible for any deductibles to be met for claims submitted on my behalf.

Signature: _____

REV. 3/03 MATKIN PRINTING (734) 287-2180



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