



Assembly Technicians Unlimited

Weekly Recap Form: For week ending _____

Team Member Name: _____ Phone # _____

| <i>Store#</i> | <i>Work Order#</i> | <i>Date of Service</i> | <i>Total Pay</i> | <i>Comments</i> |
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| | | Total | | |

Note: This form is to be completed by every team member and sent to the home office. This will verify what pay you expect to receive in pay for your services. The amounts in “total pay” column should be the same that is on the daily work order. The total at the end of the total pay column should reflect the amount you expect to be paid in direct deposit.

Once completed you need to send this form to the home office by: **Fax 800-782-1695** or email it to **hr@assemblytechnicians.com**