

**Day and Temporary Labor Services Act
Work Verification Sample Form**

This sample form is for guidance only related to the content required. Formatting and other visual characteristics of the form are the employer's responsibility. Each third party client should review the Day and Temporary Labor Services Act (820 ILCS 175/1-99) and the Department's administrative rules (56 Ill. Adm. Code 260) for compliance purposes. Employers may be subject to additional federal and state regulations related to notices and forms.

Work Verification Sample Form																			
Third Party Client Name: C. Jones Mfg Corp 1234 Illinois Street Chicago, IL 60601 312-555-1234																			
Name of Day or Temporary Laborer:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: right; padding-right: 10px;">Last Name:</td> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> <td style="border: none; text-align: right; padding-right: 10px;">First Name:</td> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> </table>	Last Name:		First Name:															
Last Name:		First Name:																	
Work Location:																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="padding-left: 20px;">Destination Company Name:</td> <td style="border: 1px solid black; width: 550px; height: 20px;"></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Address Line 1:</td> <td style="border: 1px solid black; width: 550px; height: 20px;"></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Address Line 2:</td> <td style="border: 1px solid black; width: 550px; height: 20px;"></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">City:</td> <td style="border: 1px solid black; width: 550px; height: 20px;"></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">State:</td> <td style="border: 1px solid black; width: 550px; height: 20px;"></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Zip Code:</td> <td style="border: 1px solid black; width: 550px; height: 20px;"></td> </tr> </table>		Destination Company Name:			Address Line 1:			Address Line 2:			City:			State:			Zip Code:		
	Destination Company Name:																		
	Address Line 1:																		
	Address Line 2:																		
	City:																		
	State:																		
	Zip Code:																		
Hours worked:																			
Signature of Company Representative:	Date:																		

Section 30: Wage Payment and Notice.

(a-1) For each day or temporary laborer who is contracted to work a single day, the third party client shall, at the end of the work day, provide such day or temporary laborer with a **Work Verification Form**, approved by the Department, which shall contain the date, the day or temporary laborer's name, the work location, and the hours worked on that day.