


DAY	MON	TUES	WED	THUR	FRI	SAT	SUN		
MO / DAY									
TIME IN									
TIME OUT									
LESS LUNCH									
TOTAL HOURS									
CLIENT SIGNATURE INDICATES VERIFICATION OF HOURS WORKED AS SHOWN, AND ACCEPTANCE OF TERMS AND CONDITIONS ON REVERSE.				TOTAL HOURS TO NEAREST 1/4 HOUR		EMPLOYEE SIGNATURE CERTIFIES THAT HOURS SHOWN WERE WORKED BY EMPLOYEE AND WERE VERIFIED BY AUTHORIZED REPRESENTATIVE OF CLIENT. EMPLOYEE CERTIFIES THAT NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNMENT UNLESS REPORTED; AND THAT IT IS HIS/HER RESPONSIBILITY TO NOTIFY OUR OFFICE WHEN THIS ASSIGNMENT IS COMPLETE AND TO CONFIRM AVAILABILITY FOR WORK.			
AUTHORIZED SIGNATURE				HOURS		MINUTES		EMPLOYEE SIGNATURE	
CLIENT NAME				Branch #		EMPLOYEE NAME (PRINT)			
ADDRESS				Order #		SOC. SEC. NUMBER		ASSIGNMENT COMPLETE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REPORT TO			TIME			<input type="checkbox"/> MAIL MY PAYCHECK <input type="checkbox"/> I WILL PICK-UP (LOCATION) _____		Week Ending Sunday MM DD YR / /	

PLEASE SUBMIT ALL TIME CARDS TO YOUR LOCAL BRANCH OFFICE

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CLIENT COPY