

DAY	MON	TUES	WED	THUR	FRI	SAT	SUN
MO DAY							
TIME IN							
TIME OUT							
LESS: LUNCH							
TOTAL HOURS							



PLEASE SUBMIT ALL TIME CARDS TO YOUR LOCAL BRANCH OFFICE

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

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CLIENT COPY