

On-Site+Medical

S T A F F I N G
INC.

1833 Magnavox Way, Fort Wayne, IN 46804 (219) 434-1981 FAX (219) 459-3398

COMPANY (CLIENT NAME)

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL HOURS | | |
|------------------------------|------|---------|----------|---------------------------------|-------------|------|----|
| | | | | | REG. | O.T. | DT |
| MON. | / / | | | | | | |
| TUE. | / / | | | | | | |
| WED. | / / | | | | | | |
| THU. | / / | | | | | | |
| FRI. | / / | | | | | | |
| SAT. | / / | | | | | | |
| SUN. | / / | | | | | | |
| TOTAL HOURS WORKED THIS WEEK | | | | TOTAL HOURS TO NEAREST 1/4 HOUR | | | |

WEEK ENDING SUNDAY

MO.

DAY.

YEAR

EMPLOYEE NAME (PLEASE PRINT)

SOC. SEC. NO.

THIS JOB ASSIGNMENT IS CONTINUING COMPLETED

PLEASE MAIL THIS WEEKS PAYCHECK TO MY HOME ADDRESS.

PLEASE HOLD MY PAYCHECK, I WILL PICK IT UP IN THE OFFICE.

I HAVE HAVE NOT SUSTAINED A WORK RELATED INJURY DURING THE CUMULATIVE TIME PERIOD REPORTED ON THIS CARD.

EMPLOYEE SIGNATURE:

DATE:

HAVE YOU BEEN EXPOSED TO ANY UNSAFE WORKING CONDITIONS? YES NO

EMPLOYEE SIGNATURE:

DATE:

I acknowledge that I have read the terms and conditions on the reverse side of this timecard. I agree and abide to these terms and conditions. *I certify hours hereon are correct.

CLIENT REPRESENTATIVE SIGNATURE OF ACCEPTANCE:

DATE:

I acknowledge that I have read the terms and conditions on the reverse side of this timecard. I agree and abide to these terms and conditions. *I certify hours hereon are correct.

NOTE: TIMECARDS MUST BE FULLY COMPLETED WITH 2 EMPLOYEE SIGNATURES AND ONE CUSTOMER SIGNATURE. UNSIGNED INCOMPLETE TIME CARDS WILL BE RETURNED TO THE EMPLOYEE WITHOUT A PAYCHECK. TIME CARDS MUST BE IN OUR OFFICE BY NOON ON MONDAY.

MANILA
Office Copy/Mail

CANARY
Employee Copy

WHITE
Client Copy