

Time Card

COMPANY NAME		WEEK ENDING SUNDAY	
ADDRESS		CITY / /	
JOB TITLE			
<p>EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.</p>			
<p>EMPLOYEE NAME (Please Print)</p>			
<p>EMPLOYEE SIGNATURE</p>			
<p>X CLIENT: YOUR SIGNATURE REPRESENTS THAT YOU ARE IN AGREEMENT WITH ALL THE TERMS AND CONDITIONS AS SET FORTH ON THE FRONT AND REVERSE SIDE HEREOF AND THAT THE HOURS SHOWN ARE CORRECT AND THE WORK WAS COMPLETED IN A SATISFACTORY MANNER.</p>			
<p>SUPERVISOR'S AUTHORIZED SIGNATURE</p>		<p>TITLE</p>	
<p>X SUPERVISOR'S NAME (Please Print)</p>			

DAY	DATE	HOURS TO THE NEAREST QUARTER HOUR			TOTAL HOURS
		START	FINISH	(LUNCH)	
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
TOTAL HOURS FOR WEEK					TOTAL HOURS
					REGULAR
					OVERTIME

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