



North Little Rock  
791-3303

Fax Number  
791-0091

**WEEKLY TIME CARD**

EMPLOYEE NAME					
SOCIAL SECURITY NUMBER			JOB NUMBER		
CLIENT COMPANY NAME					
WEEK ENDING DATE SUNDAY.			<input type="checkbox"/> ASSIGNMENT COMPLETED <input type="checkbox"/> RETURNING NEXT WEEK		
<p><b>NOTICE TO EMPLOYEE:</b> PLEASE FILL IN THIS TIME CARD COMPLETELY. ROUND WEEKLY TOTALS TO THE NEAREST QUARTER HOUR. LEAVE THE APPROPRIATE COPY WITH YOUR SUPERVISOR WHO SIGNS TO VERIFY HOURS. THE <b>YES</b> COPY OF THE TIME CARD MUST BE RECEIVED IN OUR OFFICE BY THE PAYROLL DEADLINE FOR YOUR CHECK TO BE WRITTEN.</p>					
DAY	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS
MON					
TUES					
WED					
THURS					
FRI					
SAT					
SUN					
TOTAL TIME ROUNDED TO NEAREST QUARTER HOUR		STRAIGHT TIME	OVERTIME	TOTAL HOURS	
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME CARD EMPLOYEE SIGNATURE					
<p>THE CLIENT ACKNOWLEDGES THE CONSIDERABLE COST INCURRED BY <b>YES</b> TO RECRUIT, EVALUATE AND QUALITY CONTROL ITS TEMPORARY EMPLOYEES. THEREFORE IT IS AGREED THAT IN THE EVENT THE CLIENT WISHES TO PERMANENTLY HIRE AN EMPLOYEE, THE CLIENT WILL FIRST CONSULT WITH <b>YES</b> TO ESTABLISH THE MANNER IN WHICH <b>YES</b> IS TO BE COMPENSATED FOR ITS EXPENSES.</p>					
AUTHORIZED SIGNATURE				DATE	
TITLE			CLIENT COMPANY		
DEPT OR SPECIAL BILLING INSTRUCTIONS					