

Temps On Time

Office: (818) 845-3030 Fax: (818) 845-7915

www.tempsontime.net

TIME SHEET

Please Print
 Your Name: _____
 Social Security No. _____
 Week Ending Saturday: _____
Month Day Year
 Company Name: _____
 Address: _____
 City: _____
 Reported to: _____
 Phone: _____ Ext. _____

TO OUR CUSTOMERS: Your signature on the approved time sheet authorizes us to pay our temporary and bill your company accordingly. Please keep your copy. Please draw a line through any box that does not have a number in it to indicate that our employee did not work on that day or did not work any overtime hours. Thank you for choosing Temps On Time as your Temporary Personnel Service.

PLEASE READ REVERSE SIDE

USE NEAREST QUARTER HOUR

DAY	DATE	TIME STARTED	LUNCHEON		TIME FINISHED	DAILY TOTAL			
			FROM	TO		STRAIGHT TIME	OVERTIME		
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
TOTAL									
						HRS	MIN	HRS	MIN

TEMPS ON TIME
 Tel. (818) 845-3030 Fax (818) 845-7915
 The Employment Center
 *ATTENTION CLIENTS: If you only have the front of the time card, please call T.O.T. to obtain a copy of the back side of this contract.

IMPORTANT FOR EMPLOYER: BY EXECUTING THIS FORM, EMPLOYEE CERTIFIES THAT THE HOURS STATED HEREON ARE CORRECT AND THAT NO OTHER OR BUSINESS WERE SUFFERED. EMPLOYEE AGREES TO WAIVE ANY COMPENSATION RELATIONSHIP TO THE EXTENT SUCH WOULD BE TEMPORARILY EMPLOYEE OF U.S.T. IT IS YOUR RESPONSIBILITY TO GET A SIGNATURE FROM YOUR MANAGER. IT IS ALSO YOUR RESPONSIBILITY TO SIGN YOUR TIME CARD. TIME CARDS WITHOUT A SIGNATURE WILL NOT BE PAID.

IMPORTANT FOR CUSTOMER: BY EXECUTING THIS FORM, CUSTOMER CERTIFIES THAT THE HOURS STATED HEREON ARE CORRECT AND THE WORK WAS PERFORMED SATISFACTORILY. CUSTOMER AGREES TO THE TERMS AND CONDITIONS HEREON AND ON THE REVERSE SIDE HEREOF.

Employee Signature: _____

NOTICE TO EMPLOYEES:

- ✓ Properly complete time card and mail to nearest Monday 12 Noon following the week worked.
- ✓ Time card must be signed by supervisor and information must be correct.
- ✓ FAILURE TO COMPLETE THE ABOVE MAY RESULT IN A DELAY OF PAYROLL.

FOR ACCOUNTING USE ONLY

P _____ E _____

Authorized Supervisor Signature: _____

THIS IS A CONTRACT.
 IF TIME CARD IS FAXED, YOU MUST CALL T.O.T. WITHIN FIVE MINUTES TO VERIFY RECEIPT

30 Hours per Day / 17 Days per Week

REGULAR HOURS			OVERTIME HOURS	

TIME CARDS MUST BE IN 12:00 NOON MONDAY