

Employee Name			PERSONNEL <small>YOUR TOTAL STAFFING SOLUTION</small>		Last Four Digits Soc. Sec. No.		Week Ending Date (Saturday)		Client Company		
RECORD JOB SITE INFORMATION BELOW		DATE	SUN	MON	TUE	WED	THU	FRI	SAT	Weekly Total Hours	
JOB SITE	DEPT./COST CENTER	Time In								<div style="display: flex; justify-content: space-between;"> REG OT </div>	
		Time Out									
		Less Lunch									
		Daily Hours									
JOB SITE	DEPT./COST CENTER	Time In								<div style="display: flex; justify-content: space-between;"> REG OT </div>	
		Time Out									
		Less Lunch									
		Daily Hours									
JOB SITE	DEPT./COST CENTER	Time In								<div style="display: flex; justify-content: space-between;"> REG OT </div>	
		Time Out									
		Less Lunch									
		Daily Hours									
ENTER TOTAL HOURS (Round to nearest quarter hour) ➡											

Associate Notice: Please fill in this timecard completely and obtain client Authorized Signature. This timecard must be delivered to your Personnel Plus office by 8:00 am Monday. If you turn your timecard in late, your check will be delayed at least one week. If you fail to obtain a proper client authorization signature, Personnel Plus may not pay you until proper approval is obtained.

Associate Certification: I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIMECARD WHILE ON THIS ASSIGNMENT AND HAVE NOT HAD ANY WORK-RELATED INJURY OR ILLNESS NOT REPORTED TO PERSONNEL PLUS.

Associate Signature ★ _____ Date _____

CLIENT NOTICE AND VERIFICATION: The undersigned, as agent for the client company, certifies that the Personnel Plus associate named herein worked acceptably during the period noted on this timecard. The undersigned also acknowledges and accepts the terms and conditions listed on the reverse side of this timecard whereby the associate has been supplied by Personnel Plus. Please read the terms and conditions and retain the client copy.

Client Authorized Signature ★ _____ Date _____

Special Instructions _____