

PRINT CLEARLY



Employee Name

Employee Telephone

Last Four Digits
Soc. Sec. No.Week Ending Date
(Sunday)

Job Site

Client Company

Job Address

DAY/DATE

TIME IN

LUNCH OUT

LUNCH IN

TIME OUT

REG TIME

OVERTIME

MON

TUE

WED

THU

FRI

SAT

SUN

ENTER WEEKLY TOTALS (Round to nearest quarter hour)

REGULAR

OVERTIME

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. Failure to notify your Personnel Plus representative of completion of your job assignment will be considered job abandonment, and employment benefits will be denied.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIMECARD. WHILE ON THIS ASSIGNMENT I HAVE NOT HAD ANY WORK-RELATED INJURIES OR ILLNESSES THAT I HAVE NOT REPORTED TO PERSONNEL PLUS. I **AGREE TO COMPLY WITH THE ABOVE NOTICE.**

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 card. 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.

Authorized Signature _____

Title _____ Date _____

Special Instructions _____

Quality of Work:

☐ EXCELLENT☐ SATISFACTORY☐ UNSATISFACTORY

PERSONNEL PLUS COPY