

# Time Card

COMPANY NAME	WEEK ENDING SUNDAY / /
ADDRESS	CITY
JOB TITLE	
<b>EMPLOYEE:</b> I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.	
<b>EMPLOYEE NAME (Please Print)</b>	
<b>EMPLOYEE SIGNATURE</b>	
<b>CLIENT:</b> 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.	
<b>SUPERVISOR'S AUTHORIZED SIGNATURE</b>	<b>TITLE</b>
<b>SUPERVISOR'S NAME (Please Print)</b>	

  

<p><b>Integral Staffing</b> The solution to your staffing needs 126 Route 10, Suite 6 Successanna, NJ 07876 Phone: (973) 927-5080 Fax: (973) 927-5082</p>		<b>HOURS TO THE NEAREST QUARTER HOUR</b>			
		START	FINISH	(LUNCH)	TOTAL HOURS
<b>DAY</b>	<b>DATE</b>				
MON				REGULAR	OVERTIME
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
<b>TOTAL HOURS FOR WEEK</b>				<b>REGULAR</b>	<b>OVERTIME</b>
TOTAL HOURS					

WHITE: Office Copy

YELLOW: Client Copy

PINK: Employee Copy