Popular Staffing
Employment Services

Day: M Tu W Th F Sa Su   Week Ending: _____ / _____ / _____ (mm/dd/year)

Client Name: _____

Client Location: _____

Department or Job: _____

EMPLOYEE NAME / SS #	TIME IN	LUNCH OUT	LUNCH RETURN	TIME OUT	TOTAL HRS.	OFFICE USE ONLY
LAST NAME, FIRST: _____ SS#: _____						
LAST NAME, FIRST: _____ SS#: _____						
LAST NAME, FIRST: _____ SS#: _____						
LAST NAME, FIRST: _____ SS#: _____						
LAST NAME, FIRST: _____ SS#: _____						
LAST NAME, FIRST: _____ SS#: _____						
LAST NAME, FIRST: _____ SS#: _____						

By signing this timecard, I am certifying that the hours worked above are accurate, and authorize payment. Furthermore, I agree that any injury that may have occurred on the job has been reported to client and agency. Fraudulent submission may result in termination and/or prosecution.

Employee Signature: _____   Supervisor Signature: _____