Popular Staffing
Employment Services

Week Ending: _____ / _____ / _____ (MM/DD/YEAR)

Client Name: _____

Client Location: _____

Employee Name: _____

Department or Job: _____

Employee SS#: _____ - _____ - _____

Memo: _____

DAY:MONTH/DAY	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS	OFFICE USE ONLY
MON:						
TUE:						
WED:						
THU:						
FRI:						
SAT:						
SUN:						

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: _____