

Keep timecards handy so when your Staffing Manager calls, you can jot down starred * information directly onto the timecard.

FILL OUT YOUR TIMECARD COMPLETELY AND ACCURATELY OR IT MAY CAUSE YOUR PAYCHECK TO BE DELAYED.

Fill in these sections when we call you with an assignment.

Write in the title of the job you will perform.

Check if we should hold your check for pickup, or mail it.

Check if you are ready for a new assignment and when you can start.

Each Day:

Record the date.
Time you started.
Time you finished.
Deduct amount of time for lunch.
Total your hours for each day worked.
Round off hours to nearest 1/4 hour.
Draw a line through any days you did not work.

Print the customer's name, department and title. Have your supervisor verify hours worked and sign your timecard. Check off if you will be continuing the assignment.

Wherever you see this star *, fill in before beginning your assignment.

ASSIGNMENT INFORMATION

Company Name _____ EOE
Address _____
Report To _____ Time _____

COMFORCE CORPORATION

COMPANY NAME _____ WEEK ENDING SUNDAY _____
ADDRESS _____ CITY _____

JOB TITLE _____ JOB NUMBER _____
SOCIAL SECURITY NUMBER _____

HOLD MY CHECK MAIL MY CHECK OR
AVAILABLE FOR WORK? YES NO

WHEN AVAILABLE? _____
EMPLOYEE NAME _____

I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the Client.

EMPLOYEE SIGNATURE _____

DAY	DATE	HOURS TO NEAREST 1/4 HOUR				
		START	FINISH	LESS LUNCH	REG. HOURS	O.T. HOURS
MON.						
TUES.						
WED.						
THUR.						
FRI.						
SAT.						
SUN.						

FOUR (4) HOUR MINIMUM PER EMPLOYEE PER DAY _____
REG. HOURS _____ OVERTIME _____
HRS MIN HRS MIN

CLIENT PLEASE NOTE: _____ TOTAL HRS. TO NEAREST QUARTER _____

CLIENT: YOUR SIGNATURE CERTIFIES THAT DAYS SHOWN ARE CORRECT, WORK WAS DONE SATISFACTORILY, AND YOU AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THE CLIENT COPY.

CLIENT _____ DEPT. _____
AUTHORIZED SIGNATURE _____ TITLE _____
 IS THE EMPLOYEE CONTINUING THIS ASSIGNMENT? YES NO

MAIL OR DROP OFF TOP THREE COPIES TO LOCAL OFFICE. KEEP LAST COPY FOR YOUR RECORDS.
COMFORCE COPY
COMFORCE COPY
LOCAL OFFICE COPY
CLIENT COPY
EMPLOYEE COPY

Write in pen the date of the Sunday ending the week you've worked.

We'll give you this Job Order Number when we call with an assignment.

Write in your correct Social Security Number.

Print your name and sign your timecard before you send it in.

Add up your regular hours and overtime hours.

HOW TO SEPARATE THE FIVE COPIES OF YOUR TIMECARD:

COPY	COLOR	DISTRIBUTION
1. Top	White	Comforce Hdq. Copy
2. Second	Yellow	Comforce Hdq. Copy
3. Third	Pink	Local Office Copy
4. Fourth	White	Client Copy
5. Fifth	Golden Rod	Employee Copy

Mail or drop off

SAMPLE FILLED IN TIMECARD

Drop off or mail us the top three copies as soon as you finish each assignment, each week. Leave the last copy of the timecard with the client. If you have any questions, call us.

ASSIGNMENT INFORMATION

Company Name **Acme Company** EOE
Address **145 Main Street, Columbia**
Report To **Mr. Bill Jones** Time **9:00am**

COMFORCE CORPORATION

COMPANY NAME **Acme Company** WEEK ENDING SUNDAY **5 16 96**
ADDRESS **145 Main Street** CITY **Columbia**

JOB TITLE **Clerk** JOB NUMBER **026113217**
SOCIAL SECURITY NUMBER **072815631**

HOLD MY CHECK MAIL MY CHECK OR
AVAILABLE FOR WORK? YES NO

WHEN AVAILABLE? **5-17-96**
EMPLOYEE NAME **Anne Smith**

I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the Client.

EMPLOYEE SIGNATURE **x Anne Smith**

DAY	DATE	HOURS TO NEAREST 1/4 HOUR				
		START	FINISH	LESS LUNCH	REG. HOURS	O.T. HOURS
MON.	5-10	9am	5:30pm	1/2	8	0
TUES.	5-11	9am	5:30pm	1/2	8	0
WED.	5-12	9am	5:30pm	1/2	8	0
THUR.	5-13	9am	5:30pm	1/2	8	0
FRI.	5-14	9am	5:00pm	1/2	7 1/2	0
SAT.						
SUN.						

FOUR (4) HOUR MINIMUM PER EMPLOYEE PER DAY _____
REG. HOURS **39** OVERTIME **30**
HRS MIN HRS MIN

CLIENT PLEASE NOTE: _____ TOTAL HRS. TO NEAREST QUARTER **39 1/2**

CLIENT: YOUR SIGNATURE CERTIFIES THAT DAYS SHOWN ARE CORRECT, WORK WAS DONE SATISFACTORILY, AND YOU AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THE CLIENT COPY.

CLIENT **Bill Jones** DEPT. **Mailroom**
AUTHORIZED SIGNATURE **x Bill Jones** TITLE **Supervisor**
 IS THE EMPLOYEE CONTINUING THIS ASSIGNMENT? YES NO

KEEP LAST COPY FOR YOUR RECORDS. MAIL OR DROP OFF TOP THREE COPIES TO LOCAL OFFICE.
COMFORCE COPY
COMFORCE COPY
LOCAL OFFICE COPY
CLIENT COPY
EMPLOYEE COPY