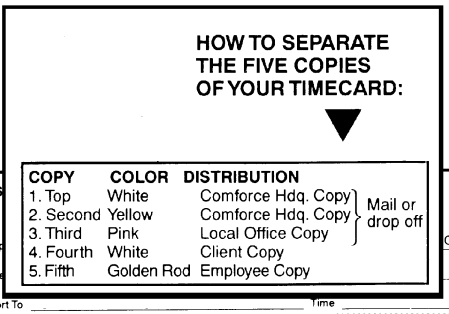
SAMPLE FILLED IN TIMECARD



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Comp OE

Addre

Report To Time

COMFORCE CORPORATION

COMPANY NAME	WEEK ENDING SUNDAY
Acme Company	5 16 96

ADDRESS	CITY

JOB TITLE	JOB NUMBER
	0 2 6 1 3 2 1 7

HOLD MY CHECK / MAIL MY CHECK — OR ☑

AVAILABLE FOR WORK? — YES ☑ NO ☐

WHEN AVAILABLE?

SOCIAL SECURITY NUMBER: 0 7 2 8 1 5 6 3 1

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	9	5:30	1/2	8	
TUES.	5-11	9	5:30	1/2	8	
WED.	5-12	9	5:30	1/2	8	
THUR.	5-13	9	5:30	1/2	8	
FRI.	5-14	9	5:00	1/2	7 1/2	
SAT.						
SUN.						

FOUR (4) HOUR MINIMUM PER EMPLOYEE PER DAY

REG. HOURS HRS	REG. HOURS MIN	OVERTIME HRS	OVERTIME MIN
39	30		

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	DEPT.
Bill Jones	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.

REV 8/95