

ALL STAFF INC.

"The Placement Specialists"

208 Executive Park

Asheville, NC 28801

(828) 252-2200 • Fax (828) 252-2470

COMPANY		WEEK ENDING SUNDAY		
Construction Inc		01	18	09
ADDRESS		CITY		
PHONE		ZIP		

EMPLOYEE NAME **Joe Worker**

SOCIAL SECURITY NUMBER _____ OFFICE USE ONLY:

EMPLOYEE SIGNATURE
X Joe Worker

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM EMPLOYEE AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

DAY	DATE	HOURS TO NEAREST QUARTER-HOUR				
		STARTED	FINISHED	LESS LUNCH	REG. HOURS	O.T. HOURS
MON	1/12	6:00	3:00	1	8	
TUES	1/13	6:00	3:00	1	8	
WED	1/14	6:00	3:00	1	8	
THUR	1/15	6:00	3:00	1	8	
FRI	1/16	6:00	5:00	1	8	2
SAT						
SUN						

MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY

> **Forty - two Hours** <

REGULAR	OVERTIME
HRS MIN	HRS MIN
40	2

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER-HOUR ABOVE

TOTAL HOURS > **42**

PLEASE PRINT NAME (CLIENT)
JOE BOSSMAN

AUTHORIZED SIGNATURE (CLIENT)
X JOE BOSSMAN

TITLE _____

IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES NO

IMPORTANT FOR CLIENT: BY EXECUTION THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.

White - Client Yellow - Employee Pink - ALL STAFF Gold - ALL STAFF

NOTICE TO ALL STAFF, INC EMPLOYEES

EFFECTIVE IMMEDIATELY PAYCHECKS WILL NOT BE PROCESSED UNLESS

- Time Cards are turned in by Monday at 10:00 am
- Time Cards are filled out completely (see sample)
 - Client Company Name
 - Week Ending Date
 - Employee Name
 - Date/Time Table filled out
 - Total of Regular and Overtime Hours
 - CLIENT SIGNATURE

ALL STAFF, INC will process payroll ONCE a week if your Time Card HAS NOT been turned in by the Monday 10:00 am deadline your check will process the following week

TIMECARDS ARE YOUR RESPONSIBILITY NOT OUR CLIENTS