



**TO ENSURE YOUR PAYCHECK, TIME CARDS
MUST BE RECEIVED BY MONDAY AT 1:00PM!**

Month Day Year

Week Ending Saturday

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|-------------|---|
| First Name: | Last Name: |
| Company: | Phone: () |
| Branch: | City: Zip: |
| Department: | Supervisor Name & Title: |

I understand that I must obtain permission from WorkPlace before I work hours that would be considered overtime. I certify that I have worked the hours listed on this time sheet and acknowledge that the duration of any assignment is not guaranteed. My signature certifies that the time reported is correct and that I was not injured on the job this week or the injury has been reported to WorkPlace.

I will call WorkPlace when I am available for work. I agree to notify WorkPlace at the end of each assignment. If I fail to do so, WorkPlace may assume that I am not available for employment and I may be ineligible for unemployment benefits.

Clients's signature on this time sheet certifies that the reported hours are correct. Client will pay WorkPlace Staffing Services for the hours at the documented rates upon receipt of WorkPlace Staffing Services invoices. If an assigned employee works time defined by law as overtime or premium time, client will pay the same multiple of the regular bill rate as WorkPlace is required to apply to the pay rate for such time.

| | Start Time | | Lunch Out | | Lunch In | | Finish Time | | Time | |
|--------|---------------------|---------------------|---------------------|--------|----------|------|-------------|------|------|------|
| | Hr. | Min. | Hr. | Min. | Hr. | Min. | Hr. | Min. | Hr. | Min. |
| Sun. | | | | | | | | | | |
| Mon. | | | | | | | | | | |
| Tues. | | | | | | | | | | |
| Wed. | | | | | | | | | | |
| Thurs. | | | | | | | | | | |
| Fri. | | | | | | | | | | |
| Sat. | | | | | | | | | | |
| Shift: | [] 1 st | [] 2 nd | [] 3 rd | Total: | | | | | | |

Employee Signature:

Check if hired
or if job has
ended

Supervisor Signature:

I confirm the above hours are correct and hereby authorize WorkPlace to advance payroll for the employee. I understand and agree that according to the contract to hire this employee, I must go through WorkPlace Staffing Services for authorization.

“THIS IS A CONTRACT”

| TOTAL TIME | STRAIGHT TIME | | OVER TIME | |
|------------|---------------|---------|-----------|---------|
| | HOURS | MINUTES | HOURS | MINUTES |
| | | | | |

REMINDERS:

- Employees must turn in time cards by **Monday @ 1:00PM** following the work week.
- Timesheets can be faxed to 330-926-9511 (fax is on 24/7), emailed to careers@workplacestaff.com no earlier than 1 hour prior to the end of your shift. Please call 330-926-1880 before 1:00 on Monday and ask for payroll to confirm receipt of your timecard. If you call after 1:00 PM and we did not receive your time card, we will not be able to process your time card that week.
- Checks are mailed no later than Friday @ 12:00 following the week of pay period if turned in on time

Employee & employer should retain a copy for their records