IMPORTANT:

1. Complete ALL fields in neat CAPITAL letters.
2. Obtain client approval and signature.
3. Detach this copy and fax face down with arrows pointing into fax machine.
4. DO NOT USE TIMECARD MORE THAN ONCE.

Social Security Number

First Name

Ini.

Week Ending Sunday Date — Month / Day / Year

Your Tri-Star Staffing Office Location (City)

Last Name

Work Order No.

Client Company Name

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START							
LUNCH OUT							
LUNCH IN							
END							
DAILY TOTALS							

FOR OFFICE USE ONLY

ADV. ____ . ____

_____

EXP. ____ . ____

CLIENT EXPENSE APPROVAL

Round Totals to Nearest 15 Minutes (0 0 1 5 3 0 4 5).

We certify that the above hours including overtime are correct. **Client and employee signature includes acceptance of terms and conditions on the reverse side.**

Employee Signature: **(I have read, understand and agree to accept the terms and conditions on the reverse side.)**

Client Approval: **(I have read, understand and agree to accept the terms and conditions on the reverse side.)**

Print Client Name Here

WEEKLY TOTALS

REGULAR TIME

OVER TIME

DOUBLE TIME

TRI*STAR STAFFING

Fax to 503·802·5997

EMPLOYEE COPY / FAX COPY