



# TIMECARD

Associate Name (PRINT): \_\_\_\_\_

Week Ending: / /

Last 4 Digits of SSN: \_\_\_\_\_

Client Name: \_\_\_\_\_

Report To: \_\_\_\_\_

**I certify that I have worked the reported time on this timesheet and I have read, understand and agree to the following instructions printed on this timecard.**

Associate Signature: \_\_\_\_\_

Day (Mon/Date)	Start Time	Less Lunch Break	Finish Time	Total Hours	
				Reg. Hours	Overtime Hours
MON					
TUES					
WED					
THURS					
FRI					
SAT					
SUN					

<b>TOTAL</b>		
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**I certify that the above associate worked the hours reported on this timecard, and I agree to the terms and conditions noted below.**

Client Rep Name (PRINT): \_\_\_\_\_

Client Rep Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Assignment Continuing?:  Yes  No

**ASSOCIATE:**

1. Complete your timecard daily and accurately. Complete each field when reporting time. Note N/A, SICK, HOLIDAY, OFF, etc. for days not worked.
2. All worked time must be reported including but not limited to overtime and untaken breaks. Initial any changes.
3. Have your timecard signed by an authorized client representative.
4. Fax your timecard to your home branch office NO LATER THAN 9AM ON MONDAY. Timecards are to be submitted weekly unless otherwise directed.
5. For information about your employment, consult your Associate Handbook or contact a Debbie's Staffing representative.
6. Falsification of time is immediate grounds for termination.

**CLIENT:**

1. Please retain a copy of this timecard for your records.
2. Mark through any blank fields prior to signing timecard and initial any changes.
3. Client may not require or permit an associate to perform duties that are not within the duties or job description that Debbie's has approved for that associate.
4. Client will be billed separately for all applicable sales, use, excise, value-added and other like taxes on Debbie's services.
5. A minimum of four hours per day will be billed for each associate.
6. Client will compensate Debbie's for converting an associate. Conversion fee will be based on 480 hours or at the quoted buyout hours at the time of placement.
7. Client will pay invoice and collection fees/costs for associates' worked time and at the agreed bill rate or, for overtime hours, at the same multiple of the bill rate.

**FAX TO:**

Ayer 978-772-7517  
 Burlington 336-227-2256  
 Charlotte 704-494-8858  
 Charlotte Clerical 704-494-4738  
 Cincinnati 513-772-3673  
 Danville 434-836-1377  
 Eden 336-635-5977

Greensboro 336-272-7557  
 Harrisburg 704-455-5699  
 Hartselle 256-751-5107  
 Jefferson 903-665-2190  
 Laurel Hill 336-744-5596  
 Martinsville 276-632-9676  
 Mooresville 704-658-1555

Pawtucket 401-721-0920  
 Richmond 804-226-1375  
 Social Circle 770-464-4770  
 Tampa 813-685-8286  
 Winston-Salem Clerical 336-767-0242  
 Winston-Salem Industrial 336-776-1661

WHITE-DEBBIE'S

YELLOW-CLIENT

PINK-ASSOCIATE