



EMPLOYEE TIME RECORD

EMPLOYEE NAME - PRINTED (LAST, FIRST) _____ POSITION _____

WEEK ENDING (SUN.) _____ LAST 4 OF SS# _____
 ____ / ____ / ____ XX-XXX- _____

COMPANY ASSIGNED TO: _____

DAY DATE	TIME START	LUNCH OUT	LUNCH IN	TIME FINISH	TOTAL REG. HRS.	TOTAL O.T. HRS
Mon. ____/____/____						
Tue. ____/____/____						
Wed. ____/____/____						
Thu. ____/____/____						
Fri. ____/____/____						
Sat. ____/____/____						
Sun. ____/____/____						
TOTAL HOURS						

SIGNATURE CERTIFIES THAT THE HOURS INDICATED ARE CORRECT. SERVICES WERE PERFORMED SATISFACTORILY. TPM'S INVOICE WILL BE PAID ACCORDING TO THE TERMS AND ALL CONDITIONS ON THE REVERSE SIDE ARE ACCEPTED.

X _____
EMPLOYEE SIGNATURE

X _____
AUTHORIZED SIGNATURE AND TITLE
 Daily 4 Hour Minimum Policy On All Ordes & Assignments

Authorized Printed Name _____

JOB CONTINUING (UNTIL _____) JOB FINISHED

- EMPLOYEE INSTRUCTION**
1. TIME CARD MUST BE LEGIBLE.
 2. HAVE CLIENT APPROVE HOURS. SIGN AND KEEP YELLOW COPY.
 3. DROP OFF, FAX (303) 663-5600, OR EMAIL PAYROLL@TPMSTAFFING.COM
 4. KEEP A COPY FOR YOUR RECORDS.
 5. CALL TPM WHEN YOUR ASSIGNMENT IF FINISHED.
 6. DO AN EXCELLENT JOB!

***** TIMECARDS MUST BE RECEIVED BY *****
5:00 PM - MONDAYS