## PO Box 1040 Cherry Hill, NJ 08034



Phone: 215-988-7200 Fax: 215-988-9475

www.AccountantsForYou.com

Temporary Staffing and Permanent Recruiting

PI FASE PRINT

ek Ending Date (Saturday)		Social So	ecurity Number	er - Last 4	Digits Only						
		Social So	ecurity Numb	er - Last 4	Digits Only						
countants For You Office L		XX			Digits Olliy						
countants For You Office L				(X) —							
	accountants For You Office Location					ny Name					
					This Assignment is:			Continuing		Ended	
				(P	Please contac when your a	t Accountants F assignment has	or You ended.)				
Start Time			Lunch Out		Lunch In		End	End Time		Total Hours	
_	Hour Minu	te Hou	ır Min	ute	Hour	Minute	Hour	Minute	Hour	Minute	
SUNDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
certify that the above ho	ours including over	time are corre	ct. <b>Client an</b>	d employ	ee	Round Total	s to Nearest 15		WEEK	LY TOTALS	
naturé includes accept						Minutes (0	0, 15, 30, 45)	Regular			
ployee Signature (I have re	ad and agree to acce	ept the terms and	l conditions on	the reverse	side)			Over Time (Over 40 hrs)			
ent Signature (I have read a											
authorized by the company	to bind this client to	the terms and c	onditions on ti	he reverse s	side. Prin	Client Name					

## **TIMECARD INSTRUCTIONS**

- Use Ballpoint Pen Press Firmly Please Print.
- · Complete all fields that apply
- Do not cross out fields or write any additional information on the timecard.
- Write in all daily and weekly totals for the days you worked. Round to nearest 15 minutes.
- · SIGN YOUR TIMECARD.
- · OBTAIN CLIENT SIGNATURE
- Pull off the Client and Employee Copies. Give the Client their copy and retain the Employee copy for your records.
- · MAIL the ORIGINAL copy to Accountants For You.