



Press hard and print clearly

| Name | | Week Ending Date (Sunday) | | | | | |
|---|---------|---|----------|----------|--------------|----------|-------------|
| Last Four (4) Digits of Social Security Number | | Job Number | | | | | |
| Client Company Name | | <input type="checkbox"/> Assignment Completed <input type="checkbox"/> Returning Next Week | | | | | |
| DAY/DATE | TIME IN | Lunch Out | Lunch In | TIME OUT | Regular Time | Overtime | Double Time |
| MON | | | | | | | |
| TUE | | | | | | | |
| WED | | | | | | | |
| THU | | | | | | | |
| FRI | | | | | | | |
| SAT | | | | | | | |
| SUN | | | | | | | |
| ENTER WEEKLY TOTALS (Round to nearest quarter hour) | | | | | Regular Time | Overtime | Double Time |

ASSOCIATE NOTICE: Please fill in this time card completely. Leave the appropriate copy with your supervisor who signs to verify hours. The Express copies of this time card must be received in our office by 8:00 a.m. Monday. Failure to turn in your time card by the deadline may delay your check by one week. Failure to notify Express or the completion of any assignment will be considered job abandonment, and unemployment benefits may be denied in some states.

I certify, through my signature below that I have worked the hours listed on this timecard and that the hours reflected are true and accurate. I further acknowledge that I have not been denied any required meals and rest breaks during this pay period. If I did not receive any required meals and rest breaks during this pay period, I agree that I will immediately notify my Express Staffing Consultant both verbally and in writing. In addition, while on assignment, I have not had any work related injuries or illnesses nor have I been subject to any workplace discrimination or harassment.

Associate Signature :

Date :

Yes! As an Express Associate, I want to help the Children's Miracle Network.

Please deduct:

\$ _____ This paycheck \$ _____ Every paycheck \$ _____ Other



CLIENT NOTICE AND VERIFICATION: The undersigned, as agent for the client company, certifies that the Express temporary associate named herein worked acceptably during the period noted on this card. The undersigned also acknowledges and accepts the terms and conditions listed on the reverse side of this time card whereby this temporary associate has been supplied by Express. Please read the terms and conditions and retain the client copy.

Authorized Signature _____

Title: _____

Date :

Department or special billing instructions:

QUALITY OF WORK: EXCELLENT SATISFACTORY UNSATISFACTORY

REMOVE STUB BEFORE MAILING

CLIENT COPY

AT01 (03/09)