Interstate Personnel Services

361 Van Ness Way #302

Torrance, CA 90501

Phone: **310-792-7331**

Timecard Alt. Fax: **(310) 793-2181**

Date _____

Employee Name _____

Social Security Number _____

Company/Assignment Name _____

Timecard eFax Number 1(877) 780-8463 W/E

Day	Date	In	Out	In	Out	Reg. Hrs	OT Hrs	DT Hrs	Remarks
Monday									
Tuesday									
Wed									
Thursday									
Friday									
Saturday									
Sunday									
Totals									

Write hours worked in decimals & round to the nearest quarter hour.

For Example (7 hrs. 15min.=7.25 hrs) (7hrs 45min.=7.75hrs)

(7 hrs. 35min.= 7.5hrs) (7hrs. 40min.= 7.75)

= **This week's total hours worked**

Important Notes-Please Read:

1. Any missing or incorrect data may cause delays in processing. Please make sure all data is complete and accurate.
2. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company.
3. Hours worked in excess of 8 hours a day will be billed at time & a half unless employee is classified as "exempt" from OT wage regulations.
4. Employee acknowledges that he/she has not been injured or suffered an on the job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles without obtaining prior written/verbal consent from Interstate Personnel.
6. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without obtaining prior written consent from Interstate Personnel.
7. Interstate Personnel disclaims any responsibility for any actions taken by a temporary or contract worker while under the direct control and supervision of the client company.
8. When a client hires an Interstate Personnel Services employee there will be a conversion charge. If you hire an employee though an Interstate Personnel Servies introduction, within one year of the date of introduction, a placement fee will be charged. In the event a client fails to pay the charges due to Interstate and litigation results, the client will be responsible to Interstate all litigation costs plus reasonable attorney fees.

Statement of Accuracy

I attest that the hours stated above are correct and properly certified by an authorized representative of the company.

X _____

Employee Signature

Approval of Hours Worked

Execution of this form constituted a certifcation that the TOTAL hours are correct as stated.

X _____

Authorized Client Company Rep/Mgr. Signature

Assignment will be continued next week?

Yes ☐ **No** ☐

_____

Please Print Authorized Representative Name Clearly

Weekly Timecards must be received by **Monday @ 12:00 pm**
to ensure timely payroll processing! NO EXCEPTIONS!