



FAX TIMECARDS TO:
(310) 765-4724

EMAIL TIMECARDS TO:
timecards@outsourcing.net

WEEK ENDING: MM/DD/YR (Week Ends On Sunday)													
LAST 4 DIGITS OF SS #.													
EMPLOYEE NAME:													
CLIENT NAME:													
RECRUITER NAME:													

DATE	DAY OF THE WEEK	JOB NUMBER	SITE NAME	LOCATION	TIME IN	LUNCH TIME OUT	LUNCH TIME IN		DAILY TOTAL RT	OT	DT	DAILY INITIAL
<i>Use a separate line for each day and job number.</i>					<i>Round your time to the nearest quarter hour.</i>							
example: 3/31/2014	Monday	1234	LAX	Los Angeles	8:00am	11:00am	12:00pm	4:00pm	7.00	0.00	0.00	rb

ALL APPROVED TIMECARDS MUST BE SUBMITTED BY MONDAY @ 10:00 AM TOTAL HOURS:

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You should call 310-640-8575 to confirm receipt.

TIMECARD FRAUD AND FORGERY ARE CRIMINAL OFFENSES AND WILL BE PROSECUTED WITHIN THE FULLEST EXTENT OF THE LAW.

To report an unsafe work condition please call
(877) 826-8156



Employee Signature: _____
By signing this timecard, I certify that I have not been witness nor involved in a work-related injury or accident resulting in personal injury. I also certify that I have taken my required lunch break each day that I worked and that I was permitted to take rest breaks on each day I worked.

Did your supervisor conduct a safety meeting this week? Yes No
Topic _____

A Yes or No must be checked to be eligible for weekly Award drawing of \$50. 3 awards given weekly.

Client Manager Name: _____

Client Manager Signature: _____ Date: _____

As an authorized representative of my company, I certify that all hours shown on this time sheet are correct and all work was performed in a satisfactory manner. I agree to be billed by Outsource Telecom/Building Technology Staffing for the above hours. I additionally agree to pay for the time for which I have signed.