



RETURN BY 5:00 P.M. MONDAY  
 1661 N. Swan  
 Suite 100  
 Tucson, AZ 85712  
 Ph. 323-8778  
 Fax: 323-6793



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 Ph. 323-8778  
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**PLEASE PRINT - COMPLETE ALL REQUESTED INFORMATION**

EMPLOYEE LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ TIME CARD NOT VALID AFTER 30 DAYS

DATE		START TIME		LESS LUNCH TIME		FINISH TIME		TOTAL HOURS FOR DAY	
		HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.
	MON.								
	TUES.								
	WED.								
	THUR.								
	FRI.								
	SAT.								
	SUN.								

TOTAL HOURS WORKED ON THIS ASSIGNMENT THIS WEEK  
 PLEASE ROUND TO THE NEAREST 1/4 HOUR →

OVERTIME  -  -   
 WEEK ENDING DATE (Sun.) MONTH - DAY - YEAR

CLIENT COMPANY \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

**TO OUR CUSTOMERS:**

By signing this timecard I have read and agree to abide by the Terms and Conditions as outlined on the back side of this document.

My signature certifies that the hours on this timecard are correct and the work was performed satisfactorily.

CUSTOMER SIGNATURE → \_\_\_\_\_  
 EMPLOYEE SIGNATURE → \_\_\_\_\_

MY JOB ASSIGNMENT IS:  CONTINUING  COMPLETED

WHITE - A & M • YELLOW - SUPERVISOR • PINK - EMPLOYEE

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