

Time Card

DUE MONDAY NOON



Direct & Temporary Staffing Specialists
 Balliwick Office Campus
 252 W. Swamp Road, Unit 22
 Doylestown, PA 18901
 Tel: 215-345-6778 Fax: 215-345-9191
 www.psi-personnel.com

Name _____

Day	Date	Time In	Time Out	Less Lunch	Total Hours
Mon				(-)	
Tues				(-)	
Wed				(-)	
Thurs				(-)	
Fri				(-)	
Sat				(-)	
Sun				(-)	

Round to the nearest 1/4 hour

Regular

Overtime

Rev. 9/06

Client/Business Name _____

APPROVAL	
IMPORTANT FOR CLIENT! Execution of this form by the Client constitutes: (1) Certification that the TOTAL hours are correct as stated; (2) Certification that the work was performed in a satisfactory manner; and (3) Authorization for Prime Spot to pay employee.	
Client/Business Signature _____	Date _____
Title _____	Dept. _____

My signature certifies that I worked the hours and week ending shown. I understand I am to contact PSI about my employment availability upon completion of this assignment. Failure to do so may affect any Unemployment Benefits.

PSI Employee Signature _____ Date _____

Assignment ongoing? (circle one)	YES	NO
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Client/Business Copy