



EGS, Inc.

Press Hard and Print Clearly

Name

Week Ending Date
(Sunday)

Social Security Number

Job Number

Client Company Name

- Assignment Completed
- 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 EGS, Inc. copies of the 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 your EGS, Inc. Personnel Supervisor of the completion of any assignment will be considered job abandonment, and unemployment benefits may be denied in some states.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THE TIME CARD. WHILE ON THIS ASSIGNMENT, I HAVE NOT HAD ANY WORK-RELATED INJURIES OR ILLNESS THAT I HAVE NOT REPORTED TO EGS, INC.

Associate Signature: _____

Date: _____

CLIENT NOTICE AND VERIFICATION: The undersigned, as agent for the client company, certifies that the EGS, Inc. temporary associate named herein worked acceptably during the period noted on this card. Please sign and retain the client copy.

Client Signature: _____

Title: _____

Date: _____

Department or special billing instructions:

QUALITY OF WORK: EXCELLENT SATISFACTORY UNSATISFACTORY