

BEGINRIGHT^{inc.} EMPLOYMENT SERVICES

WEEKEND ENDING (SUNDAY)

MONTH	DAY	YEAR
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EMPLOYEE NAME _____
PRINT NAME

COMPANY WORKED _____

SOCIAL SECURITY NUMBER - -

LAST 4 ONLY

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MON.					
TUE.					
WED.					
THURS.					
FRI.					
SAT.					
SUN.					
TOTAL HOURS				HOURS	Min.

(Cross out days not worked)

NOTICE TO EMPLOYEE:
Please fill in Time Card **completely**. Round totals to the nearest quarter hour. Leave appropriate copy with Supervisor. ***This Time Card is your responsibility and must be returned complete by deadline to be paid.***

WRITE OUT IN ALPHA CHARACTERS HOURS WORKED.
_____ Hours _____ Min.

I certify that I have worked the hours listed on this Time Card, and during this time, I have not had any work related injuries or illnesses that I have not reported to BEGINRIGHT EMPLOYMENT SERVICES.

EMPLOYEE SIGNATURE

CLIENT APPROVAL

The undersigned as agent for client certifies that employee has performed satisfactory work as recorded hereon and I authorized **BEGINRIGHT EMPLOYMENT SERVICES** to pay employee and bill my company for the total hours indicated and written above. I agree to the terms and conditions as set forth on the reverse side hereof.

CLIENT SIGNATURE

TITLE _____