

DECTON LI

STAFFING SERVICES

SCAN/EMAIL TIMECARD TO:

timecards@dectonli.com

By MONDAY @ 8AM

CUSTOMER NAME		JOBBSITE / PO NUMBER		
JOBBSITE ADDRESS				
CITY		ST	ZIP CODE	
EMPLOYEE NAME		SOCIAL SECURITY NUMBER		
X		LAST 4 DIGITS REQUIRED		

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM EMPLOYEE CERTIFIES THAT THE FORM IS TRUE AND ACCURATE AND THAT NO INJURIES HAVE BEEN SUFFERED AND THAT THE EMPLOYEE RECEIVED PAID BREAKS AND UNPAID LUNCH BREAKS IN ACCORDANCE WITH APPLICABLE STATE AND FEDERAL LAWS.

TIMECARD #		WEEK ENDING SUNDAY					
		HOURS TO THE NEAREST QUARTER HOUR					
DAY	DATE	START TIME	LUNCH OUT	LUNCH IN	END TIME	REGULAR HOURS	OVERTIME HOURS
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							
						TOTAL REG HOURS	TOTAL OT HOURS
SUBTOTAL							
TOTAL							

TIMECARD NOT VALID UNTIL SIGNED BY CUSTOMER

PLEASE PRINT NAME (CUSTOMER)

TITLE

CUSTOMER AUTHORIZATION SIGNATURE

X

◀ MUST BE SIGNED

BY EXECUTING THIS FORM CUSTOMER CERTIFIES THAT HOURS SHOWN ARE CORRECT AND WORK WAS PERFORMED SATISFACTORILY AND EMPLOYEE WAS PROVIDED ALL PAID BREAKS AND UNPAID LUNCH BREAKS IN ACCORDANCE WITH APPLICABLE STATE AND LOCAL LAWS.

QUESTIONS? PLEASE CALL (714) 543-1988