Employer Time Card

Week Ending:

Branch:

Company Name:

First Name	Last Name	Job Order #	P.O. #	M	T	W	TH	Fri	Sat	Sun	Reg Hrs	OT Hours	Total

CUSTOMER AGREEMENT: In order for Certified to accurately compensate our employees and for Certified to comply with all Federal and State laws including but not limited to the Fair Labor Standards Act and the State Payday Laws, the undersigned represents the following: (1) I have authority and hereby request Certified to compensate all employees listed above for the pay period described on this record: (2) I have personal knowledge of the hours worked by such employees for the pay period described on this record: (3) By transmitting this information to Certified our company agrees the Certified employee's job was performed in a satisfactory manner and should be paid and our company should be billed for their services: (4) The client company understands that Certified will not be responsible for any equipment, truck, automobile or forklift operated by an empoyee of Certified as we do not maintain insurance on your equipment, forklifts, vechicles or damage done by same: (5) Our company agrees not to hire this employee on a full-time basis or transfer said employee to another payroll for any reason without prior approval of Certified.

Supervisor Signature:

CERTIFIED BY NOON ON EVERY MONDAY