



North Little Rock
791-3303

Fax Number
791-0091

WEEKLY TIME CARD

EMPLOYEE NAME					
SOCIAL SECURITY NUMBER			JOB NUMBER		
CLIENT COMPANY NAME					
WEEK ENDING DATE SUNDAY,			<input type="checkbox"/> ASSIGNMENT COMPLETED <input type="checkbox"/> RETURNING NEXT WEEK		
<p>NOTICE TO EMPLOYEE: PLEASE FILL IN THIS TIME CARD COMPLETELY. ROUND WEEKLY TOTALS TO THE NEAREST QUARTER HOUR. LEAVE THE APPROPRIATE COPY WITH YOUR SUPERVISOR WHO SIGNS TO VERIFY HOURS. THE HUGHES COPY OF THE TIME CARD MUST BE RECEIVED IN OUR OFFICE BY THE PAYROLL DEADLINE FOR YOUR CHECK TO BE WRITTEN.</p>					
DAY	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS
MON					
TUES					
WED					
THURS					
FRI					
SAT					
SUN					
TOTAL TIME ROUNDED TO NEAREST QUARTER HOUR		STRAIGHT TIME		OVERTIME	TOTAL HOURS
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME CARD. EMPLOYEE SIGNATURE					
<p>THE CLIENT ACKNOWLEDGES THE CONSIDERABLE COST INCURRED BY HUGHES TO RECRUIT, EVALUATE AND QUALITY CONTROL ITS TEMPORARY EMPLOYEES.THEREFORE IT IS AGREED THAT IN THE EVENT THE CLIENT WISHES TO PERMANENTLY HIRE AN EMPLOYEE, THE CLIENT WILL FIRST CONSULT WITH HUGHES TO ESTABLISH THE MANNER IN WHICH HUGHES IS TO BE COMPENSATED FOR ITS EXPENSES.</p>					
AUTHORIZED SIGNATURE				DATE	
TITLE			CLIENT COMPANY		
DEPT OR SPECIAL BILLING INSTRUCTIONS					