

Timecard can be faxed to: 574-262-4784

Timecard is due in Personnel Partners' office by  
MONDAY at 5:00 pm



# Weekly Time Record

If mailing, send to:

2311 Cassopolis Street

Elkhart, IN 46514

Phone: 574-262-1960 or 574-234-2115

Week ending (Sunday): \_\_\_\_\_

Employee Name: \_\_\_\_\_

On assignment at: \_\_\_\_\_

Job Site Supervisor Name: \_\_\_\_\_

Employee phone or email at work: \_\_\_\_\_

| Day               | In | Out | In | Out | Regular Hrs. | Overtime | Holiday | Vacation |
|-------------------|----|-----|----|-----|--------------|----------|---------|----------|
| Mon               |    |     |    |     |              |          |         |          |
| Tues              |    |     |    |     |              |          |         |          |
| Wed               |    |     |    |     |              |          |         |          |
| Thur              |    |     |    |     |              |          |         |          |
| Fri               |    |     |    |     |              |          |         |          |
| Sat               |    |     |    |     |              |          |         |          |
| Sun               |    |     |    |     |              |          |         |          |
| <b>Total Hrs.</b> |    |     |    |     |              |          |         |          |

*paid at 1.5 regular  
time if total hours  
exceed 40*

*Timecard is not valid if unsigned by either party - Print timecard for signatures*

By your signature, you certify that you have not received a work-related injury during these hours reported, and that the hours reported are correct. Alterations will void the time card. Falsification of hours worked is cause for termination and prosecution. Incomplete or unsigned time cards will not be processed.

By your signature, you certify that you approve these hours for payment and billing and are authorized to do so; that you are not aware of any work-related injury suffered during these hours; and that you understand that Personnel Partners is not liable for damage to property under your care, custody and control nor for any violation of employment law by our client.

Employee signature

Supervisor signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**SIGNED COPY MUST BE LEFT WITH JOB SITE SUPERVISOR**