



Advantage Staffing Services

# WEEKLY TIME CARD

Fax: 480-452-0257 Phone: 602-702-3484

EMPLOYEE NAME: \_\_\_\_\_

WEEK ENDING DATE: \_\_\_\_\_

Daily "Time In" and "Time Out" will assume a 1/2 hour meal deduction

Day	Date	Facility	Unit	Time in	Time Out	Initial if No Break	Total Hrs Worked	On Call Hours	Authorized Signature For No Break And/Or Worked Hours
SUNDAY									
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
Total Weekly Worked Hours:									

Comments/Notes: \_\_\_\_\_

No injuries or accidents occurred on this shift \_\_\_\_\_ (Initial Here)

\*\*\*If injury did occur, notify the shift Supervisor and Advantage Staffing IMMEDIATELY before leaving your shift. Failure to do so may result in delay or denial of workers comp benefits\*\*\*

**\*\*\*IMPORTANT IN ORDER TO BOTH PAY AND BILL ACCURATELY\*\*\***

- All shifts require a break to be taken. Authorized signature must be obtained if no break is taken.
- All time cards must be filled out COMPLETELY & ACCURATELY
- Time cards must be sent in to Advantage Staffing by 12pm Mondays

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Your signature here verifies that all hours and information on time card are accurate and correct