AgileStaffing,Inc
Rising Above The Rest

Drop off: Agile office
Email: payroll@agilestaffinginc.com
Fax: 714 . 617 . 2026

Timecard Number:	
(Sunday) **Week Ending:**	

Company:		First Name:	
City:	PO:	Last Name:	Last 4 SSN:

Date *(mm/dd/yy)*	**Day**	**Start Time** *(7:30am)*	**Finish Time** *(4pm)*	**Lunch** *(30m)*	**Reg Hours** *(8)*	**OT Hours**	**DT Hours**
	Mon						
	Tue						
	Wed						
	Thu						
	Fri						
	Sat						
	Sun						
Timecards are due weekly on Mondays by 10AM				TOTAL HOURS			

EMPLOYEE: My signature below certifies that no injuries were suffered during this pay period, and that the hours and dates paid are correct and customer approved. I certify that I have taken all the required meal and rest breaks for the hours worked. I understand that when this assignment ends, it is my responsibility to contact my employer for reassignment. Failure to do so will be considered my voluntary resignation. " I understand that reporting a fraudulent Workers' compensation injury or claim may be punished by imprisonment which can be in county jail for over one year, or in a state prison, for two to five years and a $50,000 fine."

EMPLOYEE SIGNATURE: **DATE:**

CUSTOMER: Endorsement below warrants that this time-record is correct and fully billable and that the work was performed satisfactorily. Payment by CUSTOMER is a final certification of the invoice amounts as well as the authenticity, accuracy, nature and content of all time-records billed. CUSTOMER agrees it has sole care, custody and control of the workplace and therefore agrees to indemnify, defend and hold ASI harmless from all claims and costs arising from working conditions, breaks, lunches, timekeeping, workplace morale, treatment of EEs and other causes stated in the Customer Service Agreement. Billings are issued weekly and due ten (10) days from the invoice date. Delinquent amounts are subject to penalty and interest and cause for the suspension or termination of services without notice.

PRINT MGR. NAME: **MGR. SIGNATURE:** **DATE:**

AGILE COPY