



<b>Name</b>					
<b>Employee ID#</b> Enter last 4 digits of Social Security number					
				<b>Week Ending Sunday</b> <input type="checkbox"/> Check if not a Sunday	
				mm	yy
DAY	Date	Start Time	Finish Time	Less Lunch	Daily Total
Mon.					
Tue.					
Wed.					
Thu.					
Fri.					
Sat.					
Sun.					
Employee Signature X				TOTAL TIME	

I agree to notify Federated Services with 48 hours of the end of each position. Failure to do so may affect my eligibility for unemployment benefits. I certify that the hours are correct. I understand hours will be verified by the customer.

<b>Company Name</b>							
<b>Department</b>							
<b>City/State</b>							
<b>Customer Info</b>							
<b>Customer Verification and Signature</b>							
Please write out numbers of hours and minutes shown in the "TOTAL TIME" box.							
				HOURS	MINUTES		
I certify the above hours are correct and authorize payment. I agree to the Terms and Conditions found on the Client Direct Placement Agreement.							
X							
<b>TOTAL TIME SUMMARY</b> Round to the nearest 15 minutes (ex. 0, 15, 30, 45)		Straight Time		Overtime		Double Time	
		Hours	Minutes	Hours	Minutes	Hours	Minutes



## General Time Card Instructions

- Complete your time card according to the sample on this page. An incomplete card can result in a delay in processing your paycheck.
- You are paid according to this official record of time worked. Please be accurate. Employee and customer signatures must appear on the time card to ensure prompt payment.
- Use a new time card for each position and use a new time card each week. Additional timecards are available online at [www.federatedservices.com/timecard.htm](http://www.federatedservices.com/timecard.htm)
- Return your time card immediately upon a completion of the position, or at the end of your week, whichever is sooner. You may fax it to **801-576-1619** or return it immediately to your Federated Services representative.
- Contact your Federated Services representative when: you complete a position, you will be working over 40 hours in one work week, you have moved, you have questions or need any help.

**Name** Jane Doe

**Employee ID#** 1 2 3 4

**Week Ending Sunday** 8 10 04

DAY	Date	Start Time	Finish Time	Less Lunch	Daily Total
Mon.	8-4-04	8:30	5:00	1 hour	7.5
Tue.	8-5-04	8:30	5:00	1 hour	7.5
Wed.	8-6-04	8:30	5:00	1 hour	7.5
Thu.	8-7-04	8:30	5:00	1 hour	7.5
Fri.	8-8-04	8:30	5:00	1 hour	7.5
Sat.					
Sun.					
TOTAL TIME					37.5

Employee Signature: X Jane Doe

**Company Name** ABC Company

**Department** Customer Service

**City/State** City, State

**Customer Verification and Signature** X Robert Parker

**TOTAL TIME SUMMARY**  
Hours: 37, Minutes: 30

Time cards must be signed by the employee

This section to be filled out by the employer.