Park Personnel
EFFECTIVE & PERSONABLE

564 Market Street, Suite 623 - San Francisco, CA 94104
(415) 392-4444 - (415) 392-4420 Fax
www.parkpersonnelsf.com

EMPLOYEE TIMECARD

PERIOD ENDING: _____/_____/_____

Employee Name: _____

Company: _____

Report To: _____

NOTE: Fax or deliver your timecard to Park Personnel immediately at the end of your work period. An approved timecard must be received by our office by 6:00 PM the Friday the pay period ends in order for you to be paid.

Date	Time IN	Time OUT	Break	TOTAL	Sup. Initials
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					
___/___					

TOTAL HOURS THIS PERIOD: Reg: OT:

*Periods end every Friday. Payday is the following Friday after period ends.

CLIENT AGREEMENT: I, the undersigned, as a representative of the company named above, hereby authorize PARK PERSONNEL to pay its' above named employee for the total hours shown on the timecard. As said representative, I agree that PARK PERSONNEL will be paid, in a timely manner, the full invoiced amount for such hours. I also acknowlege that the aforesaid employee is employed by PARK PERSONNEL. I shall do nothing, directly or indirectly, to interfere with that employment without the prior consent of a PARK PERSONNEL representative.

Supervisor's Signature: _____

Title/Dept: _____

Phone: _____