



WEEK ENDING SUNDAY	MO.	DAY	YR.

EMPLOYEE DATA **PRESS FIRMLY USING BALL POINT PEN**

NAME											
SS#											

DAY	TIME IN		LUNCH OUT		LUNCH IN		TIME OUT		SHIFT 1 - 2 - 3	TOTAL	
	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.	HRS.	MIN.		HRS.	MIN.
MON.											
TUES.											
WED.											
THURS.											
FRI.											
SAT.											
SUN.											

ASSIGNMENT COMPLETE? YES NO

WHITE - PAYROLL • YELLOW - CLIENT • PINK - EMPLOYEE

DO NOT WRITE IN BOX BELOW

TIME CARD

TIME SHEET	TOTAL HOURS WORKED				ACCOUNT/ NAME CODE
	REG. TIME HRS DEC		REG. TIME HRS DEC		
C.N.S.W.					

I certify that I have worked the hours listed on this time sheet and read the instructions on the reverse side.

X _____
Employee Signature

I certify that the above M&M Staffing employee worked hours listed on this time sheet and agree to the terms and conditions set forth on the reverse side.

X _____
Authorized Client Signature

X _____
Print Name

X _____
Company Telephone #



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TO RECEIVE YOUR PAYCHECK,
THIS CARD MUST BE RECEIVED NO
LATER THAN MONDAY AT NOON

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LATER THAN MONDAY AT NOON

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