

Instructions to Employee:

1. COMPLETE ALL SECTIONS WITH LUNCH AND TOTAL HOURS
2. OBTAIN SIGNATURES AND SIGN OFF ON YOUR HOURS
3. FAX OR EMAIL YOUR TIMECARD BY **SUNDAY NIGHT** TO BE PAID ON FRIDAY
4. USE ONE TIMECARD PER COMPANY
5. ENTER ALL SITES WITH NAME AND JOB NUMBERS IF YOU GO TO MULTIPLE LOCATIONS

Fax: (760) 231-0451 Email: Timecards@chooseimpact.com



Payroll Questions: (760) 231-0450

Employee Name: _____

Week Ending: ____/____/____
(WEEK ALWAYS ENDS ON SATURDAY)

Company Worked For: _____

PLEASE WRITE IN ALL INFORMATION CLEARLY.

Day	Date	Time In	LUNCH OUT	LUNCH IN	Time Out	Total Hours	Job Site Name	Manager Name & Signature
<i>Example</i>	<i>1/1/2001</i>	<i>6:00am</i>	<i>1:00pm</i>	<i>1:30pm</i>	<i>2:30pm</i>	<i>8</i>	<i>Qualcomm Job #3333</i>	<i>Joe Smith: Joe Smith</i>

Sunday								
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Monday								
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Tuesday								
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Wednesday								
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Thursday								
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Friday								
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Saturday								
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Employee Name: _____ Date: _____

Employee Signature: _____

By signing above I certify that no accident or injury was sustained by me while working on the above assignment, I certify that the hours shown above represent my total hours worked on this assignment, and that they were properly verified by the clients authorized representative.

*Remember: Review your timecard for accuracy! Inaccurate timecards may lead to corrective action up to and including termination.

EXPENSES	(ONLY PAID WHEN APPROVED BY IMPACT PERSONNEL OR COMPANY REPRESENTATIVE)							APPROVAL SIGNATURE
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
PER DIEM								
MILEAGE (Site to Site)								
PARKING (Include receipts)								

NOTES/ COMMENTS:

CLIENT: By your signature, you are affirming: (a) the above hours are correct; (b) the work was performed satisfactorily; and (c) all of the terms and conditions set forth below are acceptable to you.

SATISFACTION: We stand behind our personnel. In the event you are not completely satisfied with the contract staff provided, notify us in writing, including the reasons for the request, within the first (1) day of the commencement of the assignment and such one (1) day will be free of charge, as long as the reasons are lawful and are bona fide within Impact's reasonable judgement. We will gladly replace the staff provided. If Client notifies Impact after one (1) day, Client is responsible for payment of all hours worked up until the time of termination.

LIABILITY: We attempt to provide temporary staff best suited to your needs and requirements. However, we are not a guarantor of the performance of our temporary staff. We are not responsible or liable for our temporary staff, while under your supervision. Please supervise our temporary staff as if they were part of your company's permanent staff. We are not responsible or liable for any damage, loss or injury that may have been the result of errors, omissions or conduct of temporary staff. We do not provide any insurance or any indemnity for your property placed in the care, custody or control of temporary staff. We will not be responsible for any loss suffered as a result of you entrusting cash, valuables or any other property to temporary staff. You accept full responsibility for any and all claims including, but not limited to bodily injury or property damage, arising out of or attributable to the conduct of temporary staff. You indemnify and agree to hold us harmless from any and all loss, cost, claim, damage, liability and expense, including reasonable attorneys' fees and costs, incurred by us, arising out of or attributable to the errors, omissions or conduct of temporary staff or your failure to pay our fees when due.

OFFICE USE ONLY		
REGULAR TIME	OVERTIME	DOUBLE TIME