



Standard TC

FAX 602-264-1443

Client Company Name: _____

NAME: _____ JOB TITLE: _____ WEEK ENDING: _____

Please print clearly.

DATE	DAY	IN	OUT	LESS BREAK	TOTAL HOURS	CLIENT LOCATION NAME	LOCATION CODE	DEPARTMENT CODE	JOB TITLE	SUPERVISOR'S APPROVAL
	Sun									
	Mon									
	Tue									
	Wed									
	Thu									
	Fri									
	Sat									
					TOTAL HOURS					

Important notice to employees:

Timecards must include **ALL** of the information requested including supervisor's signature and client location details for **EVERY SHIFT** worked in order for your timecard to be processed. Please use a separate timesheet for each client. Once your timecard has been completed, fax it to Dependable Staffing and call to ensure that it has been received. Keep the original copy for your records. It is the employee's responsibility to make sure that Dependable Staffing Services has received your timecard. **Timecards are due to Dependable Staffing by 5:00 P.M. on Monday following the week worked.**

EMPLOYEE SIGNATURE

AUTHORIZED CLIENT SIGNATURE