

Certified Time Card

Employee Name: _____

Social Security# _____

Week Ending Date _____

Day	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Shift	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.	Hrs.	Min.
1st Shift														
2nd Shift														
3rd Shift														
Total														

Total S/T	
Hrs.	Min.

Branch

Total O/T	
Hrs.	Min.

Assignment

EMPLOYEE STATEMENT: I certify that the hours recorded above are correct. When my assignment is complete, I will go to Certified and sign the availability log indicating I am available for work the next working day. I further understand that failure to do so will have adverse affect on my rights to collect unemployment benefits. I certify that I sustained no injuries and that I was not involved in any accidents while working on my assignments for this pay period unless noted as follows: _____ . I have notified my Certified supervisor of any such injuries.

Employee Signature: _____ Has this assignment been completed? Yes _____ No _____

CUSTOMER AGREEMENT: The following is in regard to the above mentioned employee. In order for Certified to accurately compensate this employee and for Certified to comply with all Federal and State laws including but not limited to the Fair Labor Standards Act and the Texas Payday Law, the undersigned represents the following: (1) I have authority to request Certified to compensate this employee for the pay period described on this record; (2) I have personal knowledge of the hours worked by this employee for the pay period described on this record; (3) The work the Certified employee performed was done in a satisfactory manner; (4) The client company understands that Certified will not be responsible for any equipment, truck, automobile or forklift operated by an employee of Certified as we do not maintain insurance on your equipment, forklifts, vehicles or damage done by same; (5) Our company agrees not to hire this employee on a full-time basis or transfer said employee to another payroll for any reason without prior approval of Certified.

Customer Signature: _____ Company Name _____