**FAX TIMECARDS TO:**
**(650) 872-3070**
**E- Fax (310) 765-4724**
**EMAIL TIMECARDS TO:**
timecards@outsource.net

| | |
|---|---|
| WEEK ENDING: MM/DD/YR (Week Ends On Sunday) | - - |
| LAST 4 DIGITS OF SS #. | |
| EMPLOYEE NAME: | |
| CLIENT NAME: | |

| | DATE | DAY OF THE WEEK | JOB NUMBER | SITE NAME | LOCATION | TIME IN | LUNCH TIME OUT | LUNCH TIME IN | TIME OUT | DAILY TOTAL RT | DAILY TOTAL OT | DAILY TOTAL DT | DAILY INITIAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *Use a separate line for each day and job number.* | | | | | *Round your time to the nearest quarter hour.* | | | | | | | |
| example: | *9/26/2011* | *Monday* | *1234* | *LAX* | *Los Angeles* | *8:00am* | *11:00am* | *12:00pm* | *4:00pm* | *7.00* | *0.00* | *0.00* | *rb* |
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**ALL APPROVED TIMECARDS MUST BE SUBMITTED BY MONDAY @ 10:00 AM**

**You should call (415) 513-4185 to confirm receipt.**

| TOTAL HOURS: | RT | OT | DT |
|---|---|---|---|
| | | | |

TIMECARD FRAUD AND FORGERY ARE CRIMINAL OFFENSES AND WILL BE PROSECUTED WITHIN THE FULLEST EXTENT OF THE LAW.

**To report an unsafe work condition please call**
**(877) 826-8156**

**Employee Signature:** _____

*By signing this timecard, I certify that I have not been witness nor involved in a work-related injury or accident resulting in personal injury. I also certify that I have taken my required lunch break each day that I worked and that I was permitted to take rest breaks on each day I worked.*

**Did your supervisor conduct a safety meeting this week?** ☐ **Yes** ☐ **No**
**Topic** _____

***A Yes or No must be checked to be eligible for weekly Award drawing of $50. 3 awards given weekly.***

**Client Manager Name:** _____

**Client Manager Signature:** _____ **Date:** _____

*As an authorized representative of my company, I certify that all hours shown on this time sheet are correct and all work was performed in a satisfactory manner.*
*I agree to be billed by Outsource, LLC for the above hours.*
*I additionally agree to pay for the time for which I have signed.*