



4041 Powder Mill Road, Suite 107
 Beltsville, MD 20705

Fax: 240-334-4335
 Phone: 240-387-6300

Employee Name (Last, First)		Last 4 digits of SSN	Client Company Name
<input type="checkbox"/> Assignment Completed			Supervisor Overtime Approval (Initials)
<input type="checkbox"/> Returning Next Week			

<input type="checkbox"/> Money Card		<input type="checkbox"/> Direct Deposit		<input type="checkbox"/> Mail Check		<input type="checkbox"/> Hold For Pickup	
DAY	MONTH/DAY	TIME IN	TIME OUT	MINUS LUNCH	REGULAR TOTAL	OVERTIME TOTAL	DOUBLE-TIME
SUN	/						
MON	/						
TUE	/						
WED	/						
THU	/						
FRI	/						
SAT	/						
ENTER WEEKLY TOTALS (Round all entries to nearest quarter hour):							

EMPLOYEE SIGNATURE

AUTHORIZED CLIENT SIGNATURE

I certify all information is accurate. While on this assignment, I have not had any work-related injuries or illnesses that I have not reported in writing to ISS. I agree I will not accept employment with this client for a period of 12 months from shift date unless approved by ISS.

Printed Name: _____

Title: _____

Phone: _____

Your signature confirms you have verified all hours worked, including any OVERTIME HOURS worked, and that these hours are approved by you for payment.

Client Comments:

QUALITY OF WORK: EXCELLENT SATISFACTORY UNSATISFACTORY

Associate Notes:

1. Please print out and fill in this time card completely. Time cards cannot be processed without client' approval.
2. Overtime is not permitted unless you obtain supervisor's initials.
3. Please leave a copy with your supervisor.
4. Fax a copy to ISS at (240) 334-4335.
5. Keep a copy for your records.
6. Failure to notify ISS of the completion of any assignment will be considered job abandonment, and unemployment benefits may be denied in some states.