



EMPLOYEE TIME CARD

Employee Last Name				Employee First Name				CLIENT STATEMENT: I am an authorized agent of the facility named below certify and approve EZ Staffing, Inc. employee's worked hours, shown on this time card to be accurate. Individual worked at our facility has performed & completed his/her assignment base these hours.					
Employee ID			Classification					<input type="checkbox"/> Daily Pay Request <input type="checkbox"/> Weekly Pay Request		<input type="checkbox"/> Pick-up Check <input type="checkbox"/> Direct Deposit		Branch City	Branch State
Day Wk	Date MM/DD/YY	Shift	Unit	Time In	Meal Break		Time Out	Regular Hours	O.T. Hours	O.T. Approved By	Facility Name (Print Name)	Nurse Supervisor Name (Print Name)	Nurse Supervisor Signature
					Out	In							
M	/ /												
Tu	/ /												
W	/ /												
Th	/ /												
F	/ /												
Sa	/ /												
Su	/ /												
I agree that total hours are pending client verification. I hereby certify under penalty of perjury, that the hours shown on this weekly time card represent true and accurate total hours worked at the named facilities, and that supervisor or nursing office as authorized agents of the facilities verified my hours. Furthermore, I authorize EZ Staffing, Inc to adjust any hours disputed by named facility if not properly worked or documented on clients time/log in system.											- White Slip Accounting	- Pink Slip Employee	- Yellow Client
Date Turned In _____				Employee Signature: _____				Mail: 333 E. Glenoaks Blvd. Ste 200, Glendale, CA 91207 Visit our Web Site for your updates & payroll info. www.ezstaffing.com Fax: (818) 844-2282					

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