

Please be advised that timecards not received by our office by the END OF DAY on Tuesdays will not receive a direct deposit. Timecards received after the EOD Tuesday will be a live check available for pickup after 2:00pm on Fridays. Checks will be mailed to the address that we have on file for you if not picked up by 4:00pm.



TIME CARD - WEEKLY

Employee Name _____

Company _____

Pay Period Date _____ to _____

WORK RECORD

DAILY TOTALS (FOR OFFICE USE ONLY)

Date	Start	Stop	Start	Stop	Total	Reg Hrs	OT	DT
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

	Reg Hrs	OT	DT
TOTAL FOR THE WEEK WORKED			

By signing my name, I certify to the following: (1) I have accurately reported my time worked, (2) I was provided an opportunity to take my required uninterrupted, duty-free rest breaks and meal periods of at least 30 minutes (or if not permitted, recorded it and reported it to a supervisor), (3) I have not had any work-related injuries or illnesses that I have not reported to O2 Staffing.

Employee Signature _____

Date _____

The undersigned certifies that the employee named herein worked the hours listed on this timecard, and authorizes O2 Staffing to pay the hours as listed.

Authorized Signature _____

Date _____

Title _____