



EMPLOYEE NAME	JOB TITLE
COMMUNITY/CLIENT NAME	WEEK ENDING (Sunday Date)

TIMECARDS ARE DUE MONDAY BY 3:00PM
BEST: TEXT MESSAGE A PICTURE: 972-838-7999
OR EMAIL: alex@thephoenixstaffing.com
OR FAX: (855) 480-5681

PAYCHECK DELIVERY

DIRECT DEPOSIT

MAIL

PAYDAY IS THURSDAY (CHECKS DATED)

COMPLETELY AND CLEARLY FILL out every information box. If not completely and correctly filled out, could delay being paid to the following week. Your hours must be correctly calculated and no crossed out or altered bubbles. Timecards with mistakes will not be accepted. Use a different timecard for each community worked. Turn in your timecard by 3pm Monday or you will not be paid until following week.

	Time Start	Lunch	Time End	Total Hours Max 8	OT Hours	Mgr Approve OT
MON	(1-12) (:00, :15, :30, :45) (AM, PM)	(.30, 1HR)	(1-12) (:00, :15, :30, :45) (AM, PM)	(1-8) (.25, .50, .75)		<input type="checkbox"/>
TUE	(1-12) (:00, :15, :30, :45) (AM, PM)	(.30, 1HR)	(1-12) (:00, :15, :30, :45) (AM, PM)	(1-8) (.25, .50, .75)		<input type="checkbox"/>
WED	(1-12) (:00, :15, :30, :45) (AM, PM)	(.30, 1HR)	(1-12) (:00, :15, :30, :45) (AM, PM)	(1-8) (.25, .50, .75)		<input type="checkbox"/>
THU	(1-12) (:00, :15, :30, :45) (AM, PM)	(.30, 1HR)	(1-12) (:00, :15, :30, :45) (AM, PM)	(1-8) (.25, .50, .75)		<input type="checkbox"/>
FRI	(1-12) (:00, :15, :30, :45) (AM, PM)	(.30, 1HR)	(1-12) (:00, :15, :30, :45) (AM, PM)	(1-8) (.25, .50, .75)		<input type="checkbox"/>
SAT	(1-12) (:00, :15, :30, :45) (AM, PM)	(.30, 1HR)	(1-12) (:00, :15, :30, :45) (AM, PM)	(1-8) (.25, .50, .75)		<input type="checkbox"/>
SUN	(1-12) (:00, :15, :30, :45) (AM, PM)	(.30, 1HR)	(1-12) (:00, :15, :30, :45) (AM, PM)	(1-8) (.25, .50, .75)		<input type="checkbox"/>
TIME MUST BE CORRECTLY CALCULATED				Total	WRITE IN TOTAL HOURS	WRITE IN OT HOURS

*By signing below, employee certifies that no accident or injury was sustained while working on the above assignment unless noted in the comment section. I also certify that the above dates and hours are correct.

Employee Signature: _____ Date: _____

CLIENT TO COMPLETE BELOW ONLY

CLIENT WRITE IN REGULAR HOURS	<input type="text"/>	CLIENT WRITE IN OT HOURS	<input type="text"/>	CLIENT SIGNATURE FOR REGULAR HOURS	<input type="text"/>	OPTIONAL P.O. NUMBER	<input type="text"/>
				CLIENT SIGNATURE FOR OT HOURS	<input type="text"/>		

Client Agreement

NOTICE TO CUSTOMER: DO NOT APPROVE INCOMPLETE OR MISTAKE FILLED TIMESHEETS. It is understood that the undersigned is an authorized representative of the Client, and hereby certifies that the above hours are correct and that the work was performed satisfactorily. If the above stated The Phoenix Staffing employee is hired by the "Client" within the next 12 months or if the "Client" refers the above stated The Phoenix Staffing employee to any other employer a placement fee will be due to The Phoenix Staffing equal to 15% of the annual salary. **The "Client" agrees that they will not permit the above named person to operate motor vehicles, handle cash, take keys home, sign legal documents or handle other valuables.**