



TIME CARD

Completed Time Card is to be hand delivered or faxed to: Doral (305)406-1010 - Broward (954)796-5155 or Healthcare (305)225-6959

Day	From:	To:	Lunch	Hours:
SUN AM				
SUN PM				
MON AM				
MON PM				
TUE AM				
TUE PM				
WED AM				
WED PM				
THU AM				
THU PM				
FRI AM				
FRI PM				
SAT AM				
SAT PM				
Total hours:				

Please input hours in Hour:Minute format (ie From 8:15 To 5:24). Avoid 24-Hour (military time) notation, using decimals or AM/PM notation. Hours are rounded to 1 decimal place.

Week Ending Saturday / /

Temp's name:

Social Security Number:

Company Name:

Supervisor's Name:

Supervisor's Telephone:

PO# (if needed on invoice)

**Timecards must be signed and faxed before Monday noon!
Altered Time Cards will NOT be accepted!**

By signing below, I certify that I understand and agree to the terms of this document, that I am authorized to sign on behalf of the Company, that the work performed by the employee was of a satisfactory nature and that the hours shown are correct. Further, by signing below, this represents my authority to invoice the Company for these hours and for Albion to receive payment in accordance with our Agreement.

Approved by Company:

Assignment: Ongoing: Completed:

It is your responsibility to inform Albion of any change in employment availability. In the event that Albion is not contacted after the completion of an assignment and weekly thereafter, Albion will dispute your claim for Unemployment benefits.

Accepted by Temp Employee:

Overtime at a rate of 1.5 times regular pay is applicable to time worked in excess of 40 hours/week

Payment Option: Direct Deposit Mail: Pick-up: