

Sample time card

MANPOWER® 6459162

CUSTOMER NAME <i>Company Name</i>
ADDRESS

REPORT TO <i>Supervisor's Name</i>	TIME -
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I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer. I understand that I am to contact the Manpower office after completing this assignment to discuss another assignment, and, if I do not do so, without good cause, Manpower may assume that I am not then available for work and unemployment benefits maybe denied.

EMPLOYEE NAME (PLEASE PRINT) <i>Your Name</i>	EMPLOYEE NUMBER
SOCIAL SECURITY NUMBER <i>Your Social Security #</i>	ORDER NUMBER

While on this assignment I have not had or witnessed any work-related injuries or illnesses that have not been reported to MANPOWER.

EMPLOYEE SIGNATURE <i>Your Signature</i>

DAY	MONTH/DATE	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS
MON	1-2-05	7 am	4 pm	1	8
TUE	1-3-05	7 am	4 pm	1	8
WED	1-4-05	7 am	4 pm	1	8
THU	1-5-05	7 am	4 pm	1	8
FRI	1-6-05	7 am	4 pm	1	8
SAT	1-7-05				
SUN	1-8-05				

WEEK ENDING DATE (SUNDAY) 1-8-05	OFFICE I.D. NUMBER	TOTAL HOURS FOR WEEK 40
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**PLEASE CROSS OUT DAYS NOT WORKED THIS WEEK
FOUR HOUR MINIMUM PER EMPLOYEE PER DAY**

CUSTOMER APPROVAL	
<small>Approval includes verification of hours worked and acceptance of terms and conditions on reverse side and agreement to pay interest and collection costs, including reasonable attorneys' fees if this account is not paid when due.</small>	
<i>x Supervisor's Signature</i>	Date <i>1-6-05</i>