

Company Name _____ Weekending Date (Sun.) _____

I certify that the hours below are a true representation of my time worked, and that I have obtained an authorized signature from a company/facility representative. I acknowledge unapproved timecards will be returned without pay, and falsification of hours is cause for immediate termination. I agree to have an authorized representative scan/fax my timecard to CPS Recruitment.

Employee Name (Please Print) _____ Employee Signature _____

Last 4 digits of Social Security Number _____

Day	Hours to Nearest 1/4 Hour			Daily Total
	Start	Finish	Less Lunch	
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
			Total Regular Hours	
			Total Overtime Hours	

Unsigned timesheets will be returned without a pay check. Alterations will void the timesheet. In case of error, make out a new timesheet. Overtime must be initiated by supervisor and will be billed at time and one-half.

As an authorized representative, I approve the hours stated above and recognize CPS Recruitment as the employer. I agree that no payment will be made directly to CPS Recruitment employee, and that company/facility will not employ the above CPS Recruitment employee directly or indirectly for a period of one year following completion of any assignment.

Authorized Name _____ Authorized Signature _____

904 7th North Street, Liverpool, NY 13088
Phone: 315.457.2500 Fax: 315.461.9850

Send To: timecards@cpsrecruiter.com

www.cpsrecruiter.com

All timecards need to be submitted via email or fax by Monday at 5 pm