



JOB GIRAFFE EMPLOYEE

CLIENT

WEEK ENDING <b>SUNDAY</b>	DATE
JOB GIRAFFE EMPLOYEE I.D. #	JOB NO.

Compute your time to the nearest 1/4 hour.

YOUR NAME (PLEASE PRINT) \_\_\_\_\_

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Time In	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time Out	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Less Lunch Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City

This individual is an hourly employee of Job Giraffe. The undersigned (Authorized Client Signature) agrees that if this individual is hired by Client, or any firm affiliated with Client, for any position during this assignment or within one year thereafter, a placement fee will be due.

PRINTED NAME/TITLE \_\_\_\_\_

APPROVED \_\_\_\_\_  
Authorized Client Signature Date

TOTAL HOURS WORKED

<u>Straight Time</u>	<u>Overtime</u>
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*This form will serve as an official timecard record for Job Giraffe and your response will serve as the authorized and approved hours worked.*