



TIME CARD

Please complete this form at the end of each week (weeks run Mon - Sun) and return a signed copy by the following Monday by 12PM (local time).

FAX: Seattle
206.625.9993

Chicago OR
Grand Rapids
312.284.1355

	Date	Start Time	End Time	Total Break Time	Hours*
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
	Enter times as "00.00" format. Include AM/PM on start/end times.				TOTAL HOURS

Week Ending Sunday:

Month Day Year

*When tracking your time, please round to the nearest .25 hour (15 minutes).

**Overtime is defined as any hours worked beyond 40 hours per week, and is figured on a weekly basis. Overtime must be pre-approved and it is your responsibility to let the client know you'll be working over 40 hours.

TOTAL OVERTIME**

First Name	Middle	Last	Company Name	Department
Employee Job Title			Company Supervisor	

Applicant Signature

Client Authorized Signature

Employee Statement

I certify that the hours shown were worked by me during the week indicated and that I have obtained authorization from my smartdept.inc. representative and the smartdept.inc. Client for any hours over 40 in a week. If authorization has not been obtained from my smartdept.inc. representative, I agree that no overtime compensation will be paid until the overtime hours are confirmed with the Client. I understand that I am to contact smartdept.inc. after completing an assignment, and unemployment benefits may be denied if I do not do so. I certify no accident or injury was sustained and no improper conduct occurred while working on the assignment unless written notice is attached. Timecards submitted more than 60 days after the end of the assignment week are null and void.

Client Verification

It is understood that insurance coverage of smartdept.inc. does not cover liability or property damage to Client's equipment, machinery or materials in the care, custody or control of smartdept.inc., its agents or employees unless a prior written agreement is received from smartdept.inc. We agree not to entrust smartdept.inc. personnel with care, custody or control of cash, negotiables, or other valuable property. Full responsibility is accepted by Client as a result of failure to comply with this request. As a smartdept.inc. Client, we realize that smartdept.inc. has expenses in maintaining a pool of available talent (advertising, evaluating, reference checking, etc.) and that if we transfer one of our employee's assignments to our payroll or to the payroll of any other entity, we will pay the negotiated fee. We agree to report any incident involving or concerns raised by any smartdept.inc. employee while on assignment. We acknowledge that this timecard may be faxed, copied or imaged. If mathematical errors are determined, smartdept.inc. personnel have the right to correct the error and not void the contract. We agree not to advance any monies to smartdept.inc. employees without prior written consent. No oral statement of any person shall modify or otherwise affect the foregoing terms and conditions. By signing this timecard, Client agrees that he/she has signing authority to sign this timecard, the hours worked are correct and that service of a satisfactory quality has been provided. Client's signature represents approval for payment.