

Please complete all information below, including supervisor's signature, then save as a PDF and email to careerplacementhouston@gmail.com upon completion of the week but no later than Monday at 8am.

Employee Name _____

Employee's Signature _____

Client Company _____

Department/ Location _____

Supervisor's Printed Name _____

Supervisor's Signature _____

By signing this timecard, I state that the hours listed are true and correct. I agree to adhere to all rules and regulation as listed in the CPI Employment Manual including reporting for reassignment and workplace conduct.

| Day | Date | Daily Start Time | Lunch Out | Lunch Return | Daily End Time | Daily Total |
|---|------|------------------|-----------|--------------|----------------|-------------|
| TIMECARD | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| | | | | | | |
| Monday 2 | | | | | | |
| Tuesday 2 | | | | | | |
| Wednesday 2 | | | | | | |
| Thursday 2 | | | | | | |
| Friday 2 | | | | | | |
| Saturday 2 | | | | | | |
| Sunday 2 | | | | | | |
| | | | | | | |
| Total REGULAR Hours (80 or less) | | | | | | |
| Week 1 + Week 2 | | | | | | |
| Total OVERTIME Hours (over 80) | | | | | | |
| Week 1 + Week 2 | | | | | | |
| Total COMBINED Hours | | | | | | |

Assignment is: COMPLETE or CONTINUING _____

Career Placement

Staffing Professionals

www.careerplacementhouston.com
6221 Edloe Street #201, Houston, TX 77005

Joni Hruska Fichter, CTS
Office: 713-621-8880
Cell: 832-654-9323
careerplacementhouston@gmail.com