PERSONNEL PLACEMENT SERVICE
TEMPORARY ASSIGNMENT TIMECARD

Firm Name & Address

_____
_____
_____
_____

Temp Name & Address

_____
_____
_____
_____

Week Ending: _____/_____/20_____

Hourly Rate of Pay: $_____

Will this assignment continue? ❑ Yes ❑ No (assignment complete) ❑ Unknown

Day	Date	In	Lunch/Break	Out	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Weekend					
Grand Total →					

The undersigned certifies that hours above are an accurate accounting of hours worked and does not include lunch or break periods when no work was performed.

_____
Temporary Employee Date

_____
Administrator/Authorized Signature Date