

EMPLOYEE TIME CARD

Employee Last Name Employee First Name								CLIENT STATEMENT: I am an authorized agent of the facility named below certify and approve EZ Staffing, Inc. employee's worked hours, shown on this time card to be accurate. Individual worked at our facility has performed & completed his/her assignment base these hours.						
Emplo	yee ID		Classific	Classification						Pay Request ly Pay Request	☐ Pick-up Check☐ Direct Deposit	Branch City	Branch State	
Day Wk	Date MM / DD / YY	Shift	Unit	Time	Meal B	reak	Time	Regular Hours	O.T. Hours	O.T. Approved	Facility Name	Nurse Supervisor Name	Nurse Supervisor Signature	
				In	Out	In	Out			Ву	(Print Name)	(Print Name)	Ü	
M	/ /													
Tu	/ /													
w	/ /													
Th	/ /													
F	/ /													
Sa	/ /													
Su	/ /													
I agree that total hours are pending client verification. I hereby certify under penalty of shown on this weekly time card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the national content of the card represent true and accurate total hours worked at the card represent true and accurate total hours worked at the card represent true and accurate total hours which is a card represent true and accurate total hours which is a card represent true and accurate total hours which is a card represent true and accurate total hours which is a card represent true and accurate total hours which is a card represent true and accurate total hours which is a card represent true and accurate total hours which is a card represent true and accurate total hours are card represent true and accurate true accurate true and accurate true acc									med facil	ities, and that	- White Slip Accounting	- Pink Slip Employee	- Yellow Client	
EZ S	supervisor or nursing office as authorized agents of the facilities verified my hours. Fur EZ Staffing, Inc to adjust any hours disputed by named facility if not properly worked clients time/log in system.										Mail: 333 E. Glenoaks Blvd. Ste 200, Glendale, CA 91207 Visit our Web Site for your updates & payroll info.			
Date Turned In Employee Signature:											www.ezstaffing.com Fax: (818) 844–2282			

© All Rights Reserved - EZ Staffing, Inc. Employee Time Card.doc 11/14/2014



Emplo	Employee Last Name Employee First Name								CLIENT STATEMENT: I am an authorized agent of the facility named below certify and approve EZ Staffing, Inc. employee's worked hours, shown on this time card to be accurate. Individual worked at our facility has performed & completed his/her assignment base these hours.				
	oyee ID	Classification						☐ Daily Pay Request ☐ Weekly Pay Request		☐ Pick-up Check☐ Direct Deposit	Branch City	Branch State	
Day Wk	Date MM / DD / YY	Shift	Unit	Time In	Meal Break		Time	Regular Hours	O.T. Hours	O.T. Approved	Facility Name	Nurse Supervisor Name	Nurse Supervisor Signature
					Out	In	Out	nours	10013	Ву	(Print Name)	(Print Name)	Signature
M	/ /												
Tu	/ /												
w	/ /												
Th	/ /												
F	/ /												
Sa	/ /												
Su	/ /												
I agree that total hours are pending client verification. I hereby certify under penalty of perjury, that the hours								- White Slip	- Pink Slip	- Yellow			
shown on this weekly time card represent true and accurate total hours worked at the named facilities, and that supervisor or nursing office as authorized agents of the facilities verified my hours. Furthermore, I authorize								Accounting	Employee	Client			
EŹ S	rvisor or nursing Staffing, Inc to ad its time/log in sys	ljust any l										aks Blvd. Ste 200, Gle te for your updates &	