



WEEKLY TIMECARD

Employee Name: _____

Social Security Number: _____

Week Ending: _____

Client: _____

Day of the Week	LUNCH PERIOD TIME MUST BE SHOWN				Daily Total (excludes lunch)
	Date	In	Lunch Period	Out	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL STRAIGHT TIME					
TOTAL OVERTIME					

EMPLOYEE INSTRUCTIONS:

1. State time to nearest quarter of an hour unless otherwise requested by your supervisor.
2. Call or fax your hours by Monday Afternoon
3. Fax, Scan, or Email approved copies of your Weekly timecard to Medical Staffing Services, Inc.
 - a. *New York City Fax Number: 212-867-0544*
 - b. *East Brunswick Fax Number: 732-238-2152*

Write out in alphanumeric characters how many **straight time hours** _____ **AND overtime hours** _____ **worked.**

Employee Signature

Supervisors Signature