


HRO Time Sheet

DUE BY MONDAY BEFORE 12:00 NOON

<b>The HR Office, Inc.</b>							
Name							
Last Four Digits of Social Security Number ____ _							
Client Company Name				Week Ending Date Saturday, _____			
DAY/DATE	TIME IN	Lunch Out	Lunch In	TIME OUT	Regular Time	Overtime	Double Time
SUN							
MON							
TUE							
WED							
THUR							
FRI							
SAT							
<b>ENTER WEEKLY TOTALS</b> (Round to nearest quarter hour)					Regular Time	Overtime	Double Time

**EMPLOYEE NOTICE:** Please fill in this time card completely. Leave a copy with your supervisor who signs to verify hours. Failure to turn in your time card by the deadline may delay your check by one week. Failure to notify your HR Office Supervisor of the completion of any assignment will be considered job abandonment, and unemployment benefits may be denied.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME CARD.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CLIENT NOTICE AND VERIFICATION:** The undersigned, as agent for the client company, certifies that The HR Office temporary associate named herein worked acceptably during the period noted on this form. The undersigned also acknowledges and accepts the terms below: The HR Office establishes wages and benefits for employees. The client acknowledges that it will not hire the HR Office employee without the consent of The HR Office, and if the employee is hired the client agrees to pay a placement fee. The client agrees to provide a safe work place and employees of The HR Office will not be asked to lift objects greater than 50 pounds, climb ladders or scaffolding or to operate machinery, including automobiles, on company business.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Employee, please fax, email, mail or drop off the completed time sheet to: The HR Office, Inc. 2437 Commercial Blvd., Suite 5, State College, PA 16801. Call 238-3750 with questions. Fax: 238-3980.

Employee