

EVINS TEMPORARIES TIME CARD

Payroll Fax #: 512 483 9191 | Payroll Phone #: 512 454 9561

Out of Austin: 866 512 4839 (toll free fax)

Payroll Mail: 2013 West Anderson Lane | Austin, Texas 78757

Fax by 5:00 PM each Monday to Evins Temporaries Payroll Dept.

PLEASE CROSS OUT ANY DAYS NOT WORKED BY EMPLOYEE.

In the event the above named Evins employee is employed by us prior to completing 750 hours temporary employment through Evins to us within a 12 month period, we agree to pay a release fee in accordance with the published placement fee schedule currently in effect at Evins Personnel Consultants, Inc.

Evins Temporaries is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within 3 days after occurrence. Customer **WILL NOT** entrust Evins Employees with cash, negotiable instruments, unattended premises, or authorize Evins Employees to operate motorized vehicles, machinery, or equipment without prior written permission from Evins.

Customer will defend, indemnify and hold Evins harmless from any and all fines, penalties, and assessments, including attorneys' fees incurred by Evins as a result of any alleged violations of any Federal, State, or local law, regulation or ordinance with respect to premises owned or controlled by customer and to which Evins employees are assigned. Customer agrees to provide Evins employees assigned to it with safety and health training specific to the work to be performed.

Customer Verification and Signature

Company Name	
Department Worked	

As a duly authorized representative of the customer, the undersigned hereby certifies (1) the hours shown are correct; (2) the work was performed in a satisfactory manner; and (3) payment is authorized for services provided by Evins Temporaries.

Client Signature	Date
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PRESS FIRMLY: YOU ARE MAKING 3 COPIES

WHITE COPY: Return to Evins by 5:00 PM each Monday | **YELLOW COPY:** Leave with client | **PINK COPY:** For your records

New Address? Yes <input type="checkbox"/>	Social Security Number	Week Ending Sat
Name		
Address		
City State Zip		
JOB ORDER NUMBER	THIS BLOCK FOR OFFICE USE ONLY	

	Date	Start Time	End Time	Less Meal Time	Reg Hrs.	OT Hrs.	Supv. Initials
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							
Total hrs for week to nearest 1/4 hr							

Employee Certification and Signature

I certify that the hours shown above represent the total hours worked by me on this assignment during the week ending designated and were properly verified by the client or by an authorized representative. I agree to notify Evins by phone within 8 hours at the end of each job assignment. If I fail to give said notice, Evins may assume that I am neither ready, willing, able or available for work. Failure to notify Evins may affect my unemployment benefits. No accident or injury was sustained unless so noted on the reverse of this time card.

Signature:	Date:
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