

****Turn In By 5:00 PM each Monday to Evins Temporaries Payroll Dept.****

Payroll Phone#: (512) 454-9561	Payroll Email: PAYROLL@evinsjobs.com
Payroll Mail: 2013 West Anderson Lane	Austin, Texas 78757

PLEASE CROSS OUT ANY DAYS NOT WORKED BY EMPLOYEE

In the event the named Evins employee on this time card is employed by us or transferred to another staffing service prior to completing 750 hours temporary employment through Evins 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, keys, 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	
Location	

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
Print Name		Title

White Copy: Return to Evins by 5:00PM Monday	YELLOW COPY: Leave with Client	PINK COPY: For Your Records
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EVINS TEMPORARIES TIME CARD

Name							
Address							
City, State, Zip							

New Address? Yes <input type="checkbox"/>	Social Security Number (Last 4 Digits): X X X - X X -					Week Ending Sat	
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Assignment #:	Date	Start Time	End Time	Less Meals	Reg Hrs.	OT Hrs.	Supv. Initials
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

Total Hours for the week to nearest 1/4 Hour			
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Employee Certification and Signature	Employee ID #:
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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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