

Work tel. # _____

Home tel. # _____

Returning to assignment: YES NO

TIME CARD

R&D
Technical Services, Inc.

P.O. Box 2245
San Ramon, CA 94583
(925) 831-1200 (Office)
(925) 831-2030 (Fax)

**INCOMPLETE OR ALTERED TIME CARDS WILL NOT
BE ACCEPTED BY R&D TECHNICAL SERVICES, INC.**

EMPLOYEE'S NAME _____

CLIENT NAME _____ FOR WEEK ENDING _____

DATE									TOTAL HOURS WORKED
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	SUB TOTAL HOURS WORKED	
STRAIGHT TIME									
OVERTIME									
DOUBLE TIME									

EMPLOYEE SIGNATURE _____ APPROVED BY CLIENT _____

This form must be filled out completely and mailed or faxed to R&D Technical Services, Inc. - Payroll Dept. - to arrive no later than Monday following this pay period. Payday is Thursday.

RETURN TO R & D TECHNICAL SERVICES