

Work tel. # \_\_\_\_\_

Home tel. # \_\_\_\_\_

Returning to assignment:  YES  NO

# TIME CARD

# R&D Technical Services, Inc.

2005 De La Cruz Blvd., Suite 225  
Santa Clara, CA 95050  
(408) 970-8600 Tel  
(408) 496-1827 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 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**