

# TIME CARD INSTRUCTION SHEET

PRINT NEATLY!!!

**NOTE: We want to pay you quickly and correctly for your hard work. Please make sure you fill out your time card accurately, with proper signatures. You are responsible for submitting signed and filled out time cards to the Evins Payroll Department by 5 p.m. on Monday. If submitted later, you will be paid the next week's payroll cycle.**

**Texts are not accepted. Recruiters do not accept time cards. Send your time card as an attachment to [evinspayroll@HRnetConnection.com](mailto:evinspayroll@HRnetConnection.com), fax it to 512-483-9191 or drop it at the Evins office or in the after-hours mail slot. Call Payroll (512-454-9561) after faxing to make sure the fax was received and for any questions you may have about your time card.**

Check only if changing address

Must be filled out completely

**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: \_\_\_\_\_

**PRESS FIRMLY - YOU ARE MAKING 3 COPIES**

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

New Address? Yes

Social Security Number: \_\_\_\_\_ Week Ending: \_\_\_\_\_

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: \_\_\_\_\_

Clinic / business name here

Supervisor must sign and date here

Lunch time must be recorded

Supervisor initials

Round to the nearest quarter hour:  
15 minutes = .25  
30 minutes = .50  
45 minutes = .75

Total hours

You must sign and date here