

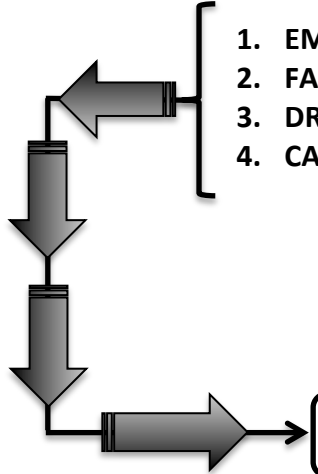
TIME CARD INSTRUCTION SHEET

PLEASE 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 at this time. Please do NOT send time cards to your Recruiter.

1. **EMAIL** your time card as an attachment to EVINSPAYROLL@HRnetConnection.com.
2. **FAX** your time card to (512) 483-9191. Call EVINS PAYROLL at (512) 454-9561 to confirm fax was received.
3. **DROP OFF** your time card off to a local Evins Office or AFTER HOURS mail slot.
4. **CALL** the EVINS PAYROLL Department (512) 454-9561 for any questions you may have about your time card.



Print: Company Name and Department Here

SUPERVISOR: SIGN, PRINT, and DATE Here

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

Payroll Fax #: (512) 483-9191	Payroll Phone #: (512) 454-9561
Payroll Mail: 2013 West Anderson Lane	Austin, Texas 78757
Email Address: EVINSPAYROLL@HRnetConnection.com	

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	<input type="text"/>
Department	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Title	<input type="text"/>

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

EVINS TEMPORARIES TIME CARD							
Name	<input type="text"/>						
Address	<input type="text"/>						
City, State, Zip	<input type="text"/>						
New Address? Yes <input type="checkbox"/>	Social Security Number (Last 4 Digits):	Week Ending Sat					
	XXX-XX-XXXX	[] [] [] [] [] [] [] []					
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						<input type="text"/>	
Employee Certification and Signature				Employee ID #:			
<small>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.</small>							
Signature:	<input type="text"/>			Date:	<input type="text"/>		

Check 'New' ONLY for Change of Address

Fill Out Completely

Ending Saturday Date

SS# Last 4 Digits

Record Lunch Times

Total Hours Worked

Round to the nearest quarter hour:

15 Minutes = .25

30 Minutes = .50

45 Minutes = .75

Must Sign and Date Here