

Mobile Scanner, Easy Scan & Share

Office documents snapshot & Smart image doc management
High-resolution scan & image editor available
Hand-written annotation & Customizable watermark generation

Download



Good News Evins Personnel Consultants Employees!

We are introducing a user-friendly way to capture and send your timesheet to our Payroll Department. For easy processing of your weekly Approved timecards, just download the Cam Scanner App on your phone and you are ready to snap and send your first timecard!

The Cam Scanner App is available for FREE download on Android, iPhone, and iPad users!

To download the app, click on one of the links below:

Android: [CamScan for Google Play](#)

iPhone: [CamScan for iPhone](#)

iPad: [CamScan for iPad](#)

Send your APPROVED time card, clearly legible, and signed, **by 5:00 PM on Monday** to: evinspayroll@HRnetConnection.com

Sample Timesheet provided below:

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 00)																																																																							
Payroll Mail: 2011 West Andersen 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.																																																																							
<small>In the event the above named Evins employee is employed by us prior to completing 700 hours temporary employment through Evins in a 12 month period, we agree to pay a release fee in accordance with the published program for schedule currently in effect at Evins Personnel Consultants, Inc. Evins Temporaries is not responsible for claims made under its liability Bond unless such claims are reported in writing to its Key Customer within 3 days after occurrence. Customer WILL NOT contact Evins Employees with cash, negotiable instruments, unsecured promiss., or unsecured Evins Employees to perform essential activities, including, but not limited to, delivery and field service from any and all direct, indirect, and accountants, including attorneys fees incurred by Evins as a result of any alleged violation of any Federal, State, or local law regulation or ordinance with respect to services rendered or controlled by customer, and to which Evins employees are assigned. Customer agrees to provide Evins employees assigned to its workplace and health training specific to the work to be performed.</small>																																																																							
Customer Verification and Signature																																																																							
Customer Name	Address	City	State	Zip	Signature	Date	Time																																																																
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.																																																																							
<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th>Start Time</th> <th>End Time</th> <th>Lunch Meal Time</th> <th>Reg. Hr.</th> <th>OT Hr.</th> <th>Supv. Initials</th> </tr> </thead> <tbody> <tr> <td>Sun.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mon.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tues.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wed.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Thurs.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fri.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sat.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									Date	Start Time	End Time	Lunch Meal Time	Reg. Hr.	OT Hr.	Supv. Initials	Sun.								Mon.								Tues.								Wed.								Thurs.								Fri.								Sat.							
	Date	Start Time	End Time	Lunch Meal Time	Reg. Hr.	OT Hr.	Supv. Initials																																																																
Sun.																																																																							
Mon.																																																																							
Tues.																																																																							
Wed.																																																																							
Thurs.																																																																							
Fri.																																																																							
Sat.																																																																							
<table border="1"> <thead> <tr> <th colspan="2">Employee Certification and Signature</th> </tr> </thead> <tbody> <tr> <td>Signature</td> <td>Date</td> </tr> </tbody> </table>								Employee Certification and Signature		Signature	Date																																																												
Employee Certification and Signature																																																																							
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

For other inquiries please call (512) 454-9561 or visit www.evinspersonnelconsultants.com