



1317 W. Fletcher Ave, Suite B
Tampa, Florida 33612
813 968 8976 office

EMPLOYEE NAME

➔ ALL TIME SHEETS MUST BE TURNED IN BY MONDAY TO GET PAID FOR THAT WEEK. IF LATE, YOU WILL BE PAID THE FOLLOWING WEEK.

813 960 2822 fax

CLIENT NAME _____

ADDRESS _____

CITY _____

REPORT TO _____

Timecards must be signed by the employee and his/her supervisor. TIMECARDS MUST BE AT ALC'S OFFICE BY NOON ON TUESDAY.

X

THE CLIENT'S SIGNATURE SIGNIFIES ACCEPTANCE OF RESPONSIBILITY FOR ALL CHARGES DUE.

ALC IS COMMITTED TO A DRUG FREE WORKPLACE. WORKPLACE USAGE, POSSESSION, OR TEST RESULTS ABOVE CUTOFFS ESTABLISHED FOR ALCOHOL OR ILLEGAL DRUGS MAY RESULT IN DENIAL OR TERMINATION OF EMPLOYMENT. ALC SUPPORTS THE PRINCIPLES OF EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. IT IS OUR POLICY NOT TO DISCRIMINATE AND TO PROVIDE EQUAL EMPLOYMENT TO ALL QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY OF VETERAN STATUS. THIS POLICY IS APPLIED TO ALL EMPLOYMENT ACTIONS WHICH INCLUDE RECRUITMENT, HIRING PROMOTION, TERMINATION, RATE OF PAY, OR OTHER FORMS OF COMPENSATION.

I HEREBY CERTIFY THAT THE HOURS SHOWN WERE WORKED BY ME DURING THE WEEK ENDING SHOWN ABOVE, AND ARE PROPERLY CERTIFIED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY NAMED BELOW. I AGREE THAT IF I DO NOT CONTACT THE OFFICE UPON COMPLETION OF AN ASSIGNMENT THEY CAN ASSUME I AM NOT AVAILABLE.

X

DAY	TIME IN	TIME OUT	LUNCH	TOTAL
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
WEEK ENDING _____	TOTAL HOURS			➔



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