



284 West Exchange Street
 Providence, RI 02903
 Phone: (401) 632-0580
 Fax: (401) 632-0584

EMPLOYEE NAME

COMPANY NAME

WEEK ENDING DATE (SATURDAY) _____

COST CENTER # _____

Sun _____	Mon _____	Tue _____	Wed _____	Thurs _____	Fri _____	Sat _____
Time In	Time In	Time In	Time In	Time In	Time In	Time In
Lunch Out	Lunch Out	Lunch Out	Lunch Out	Lunch Out	Lunch Out	Lunch Out
Lunch In	Lunch In	Lunch In	Lunch In	Lunch In	Lunch In	Lunch In
Time Out	Time Out	Time Out	Time Out	Time Out	Time Out	Time Out
Total Hours	Total Hours	Total Hours	Total Hours	Total Hours	Total Hours	Total Hours

By signing I certify I have worked these hours. I will not accept a permanent or independently contracted position with any company for which I worked as a Silverman McGovern Staffing, Inc. temporary employee without first notifying Silverman McGovern Staffing, Inc. I acknowledge that this timecard is proof of my hours.

Employer Signature: Silverman McGovern Staffing, Inc. provides temporary employees under the terms and conditions outlined in this agreement. The signature authorizes payment and acknowledges the client's acceptance of agreement on the reverse.

Employee Signature	Total Hours Worked
Supervisor Signature	Verification of Hours
Print Supervisor Name	
Department	

Pick up check Mail check Direct Deposit Returning to assignment YES NO

White - Original Pink - Client Yellow - Employee

