



# Outsource Staffing, Inc.

2611 Laurel • Beaumont, TX 77702  
409-813-2900 • Fax 409-838-1111  
email: ashley@outsourcestaffing.com

EMPLOYEE NAME: \_\_\_\_\_

WEEK ENDING DATE: \_\_\_\_\_ SSN: \_\_\_\_\_

	START TIME		LUNCH OUT		LUNCH IN		END TIME		DAILY TOTAL		
	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HRS	MINS	
MON											
TUE											
WED											
THUR											
FRI											
SAT											
SUN											
EMPLOYEE SIGNATURE							TOTAL				

Our company understands that the above mentioned person is employed by Outsource Staffing and is on assignment at our company on a contract basis. We also understand and agree not to hire this individual or transfer this individual to another payroll without prior approval from Outsource Staffing. I also have reviewed and agree with the total hours worked as listed on this time card.

\_\_\_\_\_  
CUSTOMER SIGNATURE/TITLE

\_\_\_\_\_  
COMPANY NAME/DATE

***PLEASE NOTE\*\* TIME CARDS DUE EACH MONDAY BY 10:00 AM***