



2 Richmond Square
 Suite 100
 Providence, RI 02906
 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							
Lunch Out							
Lunch In							
Time Out							
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	<input type="text"/>	Total Hours Worked	<input type="text"/>
Supervisor Signature	<input type="text"/>	Verification of Hours	<input type="text"/>
Print Supervisor Name	<input type="text"/>		
Department	<input type="text"/>		

Pick up check Mail Check Direct Deposit Returning to assignment Yes No