



Client Name: _____

(1) Unit/Floor: _____ Charge: _____

To Client: Please sign below confirming times of said shift are true & correct; if times are not, please make the appropriate changes. If no lunch was taken by SB employee please initial in the designated area for lunch. Signature only assures date & time is correct. This does not modify agreement with client. Client agrees to be invoiced for below times.

SB x _____
Client Signature

Employee Name: _____

SB Class: _____

To Employee: by signing below I certify the times listed are true and correct, I finished my assignment in full, and I was not hurt/injured at any time during this said assignment. I also understand Timecard Advance Eligibility dictates among many things that my timecard is timely and I have not cancelled any shifts the week of this shift.

Employee Advance: YES ___ NO ___

SB x _____
Employee Signature

	SUN.	MON.	TUES.	WEDS.	THURS.	FRI.	SAT.
SB DATE →							
SB ACTUAL TIME OF ARRIVAL							
SB (less :30 for Lunch) Client int. if No Lunch							
SB TIME OUT							
ACTUAL HOURS WORKED							

COPY GOES TO:
(1) with Client
(1) for Employee
(1) to SB

Timecard Advance Eligibility- 12:00 pm Central Time
Timecard FAX: 1-866-729-2314
Timecard E-mail: timecards@squadbuilders.com

LEAVE BLANK - FOR OFFICE USE ONLY

Timecard Instructions

1. Fill in the appropriate information on the lines designated by the SB logo
2. ALL assignments may be subject to a 30 minute lunch deduction.
3. Timecards must be signed by both client and employee.
4. Employee must provide a copy to the Client, SB Management and keep one for their records.

ATTENTION CLIENT & EMPLOYEE
If Time and Travel applies to your shift, please have the client sign and date on the appropriate day and then EMPLOYEE should call the office to confirm this action.