



Time Card

Employee (Print Name): _____

Day	Date	Location	Morn In	Morn Out	Afternoon In	Afternoon Out	Total Hours Worked
Thursday							
Friday							
Saturday							
Monday							
Tuesday							
Wednesday							

Office Representative Signature: _____

Please note that by signing this, your office agrees to the rate for the temporary employee as stated in your contract with CSS. All employees are paid by CSS, no office should pay an employee directly.

Temporary Employee Signature: _____

***Record your time to the nearest 1/4 hour. Do not show odd minutes

All time sheets need to be received by our staff by Wednesday EOD to ensure timely payment

email: timecards@carolinastaffingsolutions.net / FAX: (803) 228-0543

Carolina Staffing Solutions

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