The Choice Inc.

1932 Arlington Boulevard Suite 3 Charlottesville, VA 22903

PLEASE PRINT and FAX to: 434-970-1850

Time Card
General Instructions

1.	You are paid according to this official record of time worked. Please be accurate. Incomplete, inaccurate or illegible time cards may cause your paycheck to be delayed	3.	Mail, fax, or deliver your time card immediately upon completion of the assignment, or at the end of your work week, whichever is sooner
2.	Use a new time card for each assignment and use a new timecard each week. A new time card will be sent with your paycheck	4.	Call The Choice Inc. when : You complete an assignment. You will be working over 40 hours in one work week. You have moved. You have any questions or need any help.

PLEASE PRINT

		Week Ending						
Name:		Saturday:	Month		Day		Year	

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

DAILY TIME RECORD

		Start Time		Lunch Out		Lunch Back		Finish Time		Regular Hours		Overtime Hours	
Date													
Sun	-												
Mon	-												
Tue	-												
Wed	-												
Thu	-												
Fri	-												
Sat	-												
								Total Hours					

This TIME RECORD is our contract with The Choice Inc., and we are authorizing The Choice Inc., to pay the employee covered by this TIME RECORD for the hours shown for work that was performed under our supervision and we agree to pay The Choice Inc., the agreed upon hourly billed rate for the hours shown upon the receipt of their invoice. Overtime occurs after 40 hours in one week at one client.

This person is an employee of The Choice Inc.,, and is referred to us on a temporary basis only. We agree to contact The Choice Inc., first if we wish to employ this person (put this person on our payroll), to include but not limited to, as a part-time employee or as a consultant or independent contractor, or in a different position with any company affiliated with our firm to whom we referred this person. We agree to pay The Choice Inc., liquidated damages.

The Choice Inc., employees are not authorized to handle cash, negotiables or other valuables without the written consent The Choice Inc.,

WE CERTIFY THE HOURS INDICATED ARE CORRECT AND THE WORK PERFORMED WAS SATISFACTORY.

Client Signature: _____

Company Name: _____

Department _____

For office use only:

Client #	paid lunch		paid holiday		regular time		overtime		skill category		pay rate		bill rate	