EMPLOYEE NAME (PRINT)

SOCIAL SECURITY NUMBER

TIME WORKED TO NEAREST QUARTER HOUR

| | MON | TUES | WED | THURS | FRI | SAT | SUN |
|---|---|---|---|---|---|---|---|
| DATE | | | | | | | |
| START TIME | | | | | | | |
| FINISH TIME | | | | | | | |
| LESS LUNCH | | | | | | | |
| HOURS WORKED | | | | | | | |

DEADLINE: TIME CARD DUE TO GPS BY 12:00 NOON ON MONDAY FOLLOWING THE WEEK WORKED.

TOTAL HOURS

GPS

COMPANY NAME

ADDRESS

Client companies employing GPS employees on their payroll prior to six months following the last day worked are liable for payment of a liquidated damages charge. There is no charge if the employee is maintained on GPS payroll continuously for 520 hours. The undersigned, being an authorized representative of the company, certifies that the total hours are correct and all work was performed satisfactorily.

AUTHORIZED SIGNATURE

X

DATE

EMPLOYEE RETURNING NEXT WEEK? ❑ YES ❑ NO

I certify that the total hours shown were worked by me during the week indicated. I certify that I was not injured on the job unless so noted and reported.

EMPLOYEE SIGNATURE

X

FAX OR MAIL TO YOUR LOCAL GPS OFFICE.
KEEP A COPY FOR YOUR RECORDS.

FOR OFFICE USE ONLY

| W/E | PAY RATE | BILL RATE | OVT BILL | OFC NO | REG HRS | OVERTIME | CLIENT NO | DEPT / PO# |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |