



Time Card / Paycheck Instructions

- You are paid according to this time card. Incomplete, inaccurate or illegible time cards may cause your paycheck to be delayed. Employee and Client signatures must appear on the time card to ensure prompt payment.
- Use a new time card for each assignment and use a new time card each week. Time cards will be given to you with your paycheck each week.
- After completing this time card (see specific instructions on reverse side):
 - ✓ Detach this cover sheet.
 - ✓ Leave client copy with client.
 - ✓ Retain employee copy for your records.
 - ✓ Promptly turn in RUSH copy of time card (hard copy) by 5:00 pm Monday of each week to your local RUSH office.
- Time cards turned in after Mondays may cause your paycheck to be delayed.
- Weekly payroll will be available on Fridays between 9:00 am and 5:00 pm at your local RUSH office (unless otherwise noted by special holiday schedules).

Specific Instructions

- Name** Clearly print your first name, middle initial and last name. No nick names please.
- SSN Digits** Enter the last 4 digits of your Social Security Number.
- RUSH Location** List the RUSH office you are currently working for.
- Week Ending Date** Enter the date of the Saturday at the end of the week in which you are working. If the last day of your workweek is not Saturday, please call your RUSH office.
- Client Name, Department and City** Clearly print client name, department, if applicable and city.
- Comments** This space is provided for the client's use.
- Daily Time Record**
 - Enter the date that corresponds to the day of the week.
 - Record hours worked daily to the nearest quarter hour (.25, .50, .75). Enter start and finish times
 - Record your lunch break – time OUT and time back IN
 - Compute the total hours worked for each day, being certain to exclude lunch time taken. Enter daily total. Draw a line through days not worked.
 - Total your daily hours for the week for this assignment and enter in Total Hours box.
- Employee Signature** Sign your name to certify that the hours you entered are correct.
- Client Verification and Signature** Have client write out total number of hours and minutes and sign time card at the end of each week, or sooner if assignment is completed.

RUSH PERSONNEL SERVICES, INC.
 Chico (530) 893-5500 Fax: (530) 893-0648
 Redding (530) 222-2033 Fax: (530) 222-9223
 Colusa (530) 458-2280 Fax: (530) 458-8838
 Grass Valley (530) 272-1600 Fax: (530) 272-8493
 Yuba City (530) 770-3790 Fax: (530) 821-0217
 N° 0000000

EMPLOYEE NAME (1) **SSN - LAST 4 DIGITS** (2) **RUSH LOCATION** (3)

HOURS TO NEAREST QUARTER HOUR (7)

CLIENT NAME (5) **WEEK ENDING SATURDAY** (4)

DAY DATE (7A) (7B) (7C) (7D) (7E)

DEPARTMENT (6) **CITY** (4)

COMMENTS (6)

PLEASE PRINT NAME (CLIENT) (9) **TITLE** (9)

EMPLOYEE SIGNATURE (8) **AUTHORIZED SIGNATURE (CLIENT)** (9)

TOTAL HOURS (7E)

PLEASE WRITE OUT NUMBER OF HOURS AND MINUTES SHOWN IN TOTAL HOURS BOX

IMPORTANT FOR CLIENT: YOUR SIGNATURE CERTIFIES THAT HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND YOU AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. YOUR SIGNATURE FURTHER AUTHORIZES US TO PAY OUR EMPLOYEE AND BILL YOUR COMPANY FOR THE HOURS NOTED.



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PRESS FIRMLY TO GO THROUGH ALL 3 COPIES • PRINT CLEARLY • USE BLACK BALLPOINT PEN ONLY

EMPLOYEE NAME _____ **SSN - LAST 4 DIGITS** _____

HOURS TO NEAREST QUARTER HOUR

DAY	DATE	STARTED	FINISHED	OUT	IN	REG	O.T.	DBL
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								

MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY REG O.T. DBL

TOTAL HOURS _____

EMPLOYEE SIGNATURE _____ **AVAILABLE FOR WORK?** YES NO

RUSH LOCATION _____

CLIENT NAME _____ **WEEK ENDING SUNDAY** _____

DEPARTMENT _____ **CITY** _____

COMMENTS _____

PLEASE PRINT NAME (CLIENT) _____ **TITLE** _____

PLEASE WRITE OUT NUMBER OF HOURS AND MINUTES SHOWN IN TOTAL HOURS BOX

_____ HRS _____ MINS

AUTHORIZED SIGNATURE (CLIENT) _____ **DATE** _____

IMPORTANT FOR CLIENT: YOUR SIGNATURE CERTIFIES THAT HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND YOU AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. YOUR SIGNATURE FURTHER AUTHORIZES US TO PAY OUR EMPLOYEE AND BILL YOUR COMPANY FOR THE HOURS NOTED.

I HEREBY CERTIFY AND DECLARE UNDER PENALTY OF PERJURY THAT (1) I AGREE TO TERMS AND CONDITIONS ON REVERSE SIDE, (2) THIS FORM IS TRUE AND ACCURATE, (3) NO INJURIES WERE SUFFERED, (4) I HAVE RECEIVED ALL THE REST PERIODS AND MEAL PERIODS TO WHICH I AM LEGALLY ENTITLED ON EACH WORKDAY WITHIN THE PAY PERIOD COVERED BY THIS TIME RECORD, (5) THIS TIME RECORD FULLY AND ACCURATELY REPORTS ALL THE TIME THAT I HAVE WORKED DURING THE COVERED PAY PERIOD, AND (6) I AM MAKING THIS DECLARATION FREELY AND VOLUNTARILY.