

Please submit (via fax) your time card **every Monday**, approved by your supervisor.

	1-877-597-8040 Fax 972-503-5627 Tel <i>(Payday is Friday of each week; checks available for pick-up on Tuesday of each week with notice.)</i> alejandra@jobnetamerica.com - Email			HOLD CHECK <input type="checkbox"/> FOR PICK-UP			
	SOCIAL SEC. NO.	<input type="text" value="XXX"/>	<input type="text" value="XX"/>				
YOUR NAME	<input type="text"/>						
CLIENT COMPANY: Telephone No.	<input type="text"/>						
	MON	TUES	WED	THUR	FRI	SAT	SUN
DATE WORKED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TIME IN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TIME OUT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LESS MEAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAILY TOTALS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Round Total to Nearest Quarter Hour

TOTAL REGULAR HOURS
(Maximum 40)

TOTAL OVERTIME HOURS

Supervisor's Overtime Approval

Employee Policy (please read and sign)

I hereby certify that the hours shown were worked by me during the week designated above, and were certified by an authorized representative of the JobNet Works LLC/JobNet America's Customer. I understand that I am to show up at the JobNet Works LLC/JobNet America Office on the first workday after completing my assignment to discuss another assignment face-to-face, and if I do not do so, JobNet Works LLC/JobNet America may assume my lack of showing up, overrides any and all verbal communications concerning my availability, and therefore may assume I am not available for work. I must also call JobNet America once weekly to maintain "availability" status. I am also to give a one week notice before leaving an assignment. Not following these policies could affect my unemployment benefits and rehire status.

Employee's Signature _____ Title _____

Supervisor Policy (please read and sign)

It is understood that the undersigned is an authorized representative of the company and here certifies that the above hours are correct and that the work was performed to your satisfaction. If Client Company desires to hire this person on a permanent basis, it is agreed that notification of this intent will be given to JobNet Works LLC (JNW) and/or JobNet Healthcare LLC (JNH) and the person will remain on payroll for a period of time designated by JNW/ JNH or until said agreement between customer and JNW/ JNH is satisfied.

Supervisor's Signature _____ Title _____

Office Use Only: Confirming Review of Above with JNW LLC Rep. _____ Date _____