



O.R. Staffing Solutions, Inc.

Employee Name: _____

Client: _____

Timecard For Weekending: _____

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Comments
Start Time								
End Time								
Lunch Y/N								
Daily Total								Weekly Total
Client Signature								Employee Signature
Client Name (Print)								

- Client Signatures are to be obtained after each shift.
- 30 minutes for lunch is automatically deducted unless otherwise noted and approved by Signing Supervisor. Please use "N" or "Y" in the space provided.
- All timecards are to be emailed to the Agency at payroll@orstaffingsolutions.com no later than Monday by 2 pm of the following workweek.
- Please call 630-828-8003 at least 2 hours before your shift if you are calling off for illness or emergency.
- For any work-related injury, please call 630-828-8003 to inform the Agency right away

ON CALL HOURS

*(Please deduct "Called Back" hours from "On Call" Hours, if called in.)

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start Time							
End Time							

CALLED BACK HOURS

*(Please deduct "Called Back" hours from "On Call" Hours, if called in.)

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start Time							
End Time							
Client Signature:							