

TO BE PAID On-Time, Submit APPROVED Timecard BY MONDAY at 2:00pm Each Week

Email Timecards To:

PAYROLL@Staff MattersInc.com

Timecard

Contractor Name:			_ Client / Company:					
Week ending:	(Work Weeks End on Sundays at 11:59PM) City/State:							
-					-			
DATE (month/day)								
DATE (montainary)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	Total
Straight Time	Hours Work	ked (Minus Lui	nch Breaks - er	nter as decima	ls where 15 m	inutes 0.25	30 minutes = 0	0.5, etc)
Charge / Task / Accounting Code (if applicable)								
Charge / Task / Accounting Code (if applicable)		1						
Charge / Task / Accounting Code (if applicable)								
Overtime [Calculated after 40 hours worked in work week, un	nless required by	applicable local la	iws]					
Charge / Task / Accounting Code (if applicable)								
Additional Charge / Task / Accounting Codes								
Shift Differential								
Charge / Task / Accounting Code (if applicable)								
enarge / rask / recounting code (it applicable)								
Additional Charge / Task / Accounting Codes								
EPST - Sick Time Usage* (Must be indicated here)								
Special Pay*								
Holiday (if applicable)								
Total								
*NOTES about anything unusual:								
		=			_			
Contractor First & Last Name	Check he	ere if this			Manage	Manager Name		
		timecard						
Contractor Signature & Date		Ĺ		Manager may Send email to Staff Matters with Name, Title, Company Name & Phone As An Approval				