

# A<sup>2</sup>Z Personnel-Hamilton, Inc.

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EMPLOYEE NAME		
LAST FOUR DIGITS SSN		
CLIENT COMPANY	SUPERVISOR	
JOB LOCATION		
PAYROLL DATES	TO	PAY DATE

Assignment Continuing  YES  NO

## W E E K

DAY	DATE	IN	OUT	IN	OUT	TOTAL HRS.
MON						
TUES						
WEDS						
THURS						
FRI						
SAT						
SUN						
TOTAL HOURS WORKED						

**EMPLOYEE:** I certify that I worked the hours on this time card and sustained/did not sustain any injuries. **Circle one or time card will not be accepted!** You **will not** be paid unless this is signed by you *and* Client Company.

Employee Signature: \_\_\_\_\_

**IF YOUR TIME CARD IS LATE, YOUR PAYCHECK WILL BE LATE.**

**CLIENT:** I, as agent for client company, certify that the above named employee worked satisfactorily and accept the terms and conditions on the reverse side of this time card.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLIENT COMPANY: DO NOT ADVANCE MONEY**

WHITE: CLIENT

YELLOW: A<sup>2</sup>Z PERSONNEL

PINK: EMPLOYEE