

CORPORATE TEMPS

Providing Insurmountable Service

TIME SHEET

5950 Live Oak Parkway, Suite 230
Norcross, GA 30093
770-934-1710 Fax 770-449-1944

Approved time cards must be received by noon on Monday(s)

Employee Name:

Client Name: Fulton County Schools

Employee Social Security Number:

Client Address:

Department: FCS AVID Tutor

Supervisor/(AVID Elective Teacher):

Date	Start Time	Out to Lunch	In From Lunch	End Time	Regular Hrs. (Excluding Lunch)	Total Hrs. (Including Lunch)
WEEKLY TOTALS:						

I certify that I worked the hours shown on this time card on the days indicated and that this card has been certified by a person that I believe is an authorized representative of the Client. I will contact Corporate Temps, Inc. after completing this assignment. I understand that if I do not do so, Corporate Temps, Inc. will assume that I am unavailable for work. I acknowledge that notices pertaining to my employment are posted at Corporate Temps Inc. office.

Employee Signature: _____

Date: _____

As the Client's authorized representative, I certify that the temporary employee's hours shown on this time sheet are correct and the work was performed satisfactorily.

Supervisor Signature: _____

Date: _____