



Name: _____ Week End Date: _____

Client Name: _____

Employee Notice:

Please complete timecard to its entirety and return a copy to payroll@darkstaffingsolutions.com no later than Monday 8AM. Late submissions may delay your check. Have your direct supervisor sign and verify your hours and any piecework you completed. Failure to notify Dark Staffing of the completion of an assignment will be considered job abandonment and may effect your employment benefits.

| Day | DATE | Time In | Out | Lunch In | Time Out | Hours |
|-----------|------|---------|-----|----------|----------|-------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |

Employee Notice:

By signing this timecard I agree that the hours depicted on this timecard are accurate. I have not worked off the clock, and I have received all the rest and meal periods I was legally entitled to during this time period. I also certify that I have not had any work related injuries or illness nor have I been subjected to any workplace discrimination or harassment.

Employee Signature: _____

Date: _____

Client Notice and Verification

The Dark Staffing Solutions temporary employee named here worked acceptably during the time period on this timecard. The undersigned also agrees to the staffing agreement terms presented by Dark Staffing Solutions for any employees provided to the client company. Thank you for your business.

Authorized Signature: _____

Date: _____

Email Timecard: payroll@darkstaffingsolutions.com
 Arcata Office: (707) 630-5090 | L.A Office: (747) 256-6130

Total Hours