



Name: \_\_\_\_\_ Week End Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

**Associate 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						

**Associate 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 harrassment.

Associate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Client Notice and Verification**

The Dark Staffing Solutions temporary associate 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 associates 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