

Employee Name : _____
 Employee SSN : XXX - XX - _____
 Employee Phone Number : _____
 Company Name : _____
 Supervisor's Name : _____



Ardelle Associates, Inc

7002-N Little River Turnpike
 Annandale, VA 22003
 Phone: 703-642-9050
 Fax: 1-866-598-3024

FEIN: 54-1385814

Instructions for Completing and Submitting Your Time Card:

- Account for Start and Finish time in 15 min. increments, rounding down for 7 or less minutes and up for 8-15 min.. e.g. If you arrive at 8:07, enter 8:00. If you arrive at 8:08, enter 8:15.
- Enter the time spent at lunch on the "Less Lunch" line in 15 min. increments. Round up or down in the same way as in step 1. e.g. if you spent 37 min. at lunch, enter 30 min. If you spent 38 min. at lunch enter 45 min.
- Compute the total time between Start and Finish, then subtract Lunch and enter the hours and minutes on the Total Hours Worked line. Do this for each day worked in the week. Mark through the columns with in X for the days you did NOT work. Note: vacation time cannot be requested on the time card and must be requested prior to submission of your time card using the Vacation Request form. Do not enter time for a holiday unless you actually worked the holiday.
- Sum the total hours worked and write the total in the Total Hours column on the Total Hours Worked line. Also write the total regular hours and total overtime hours in the appropriate boxes under Total Hours For This Week. Please note: only the hours worked in the week over 40 hours can be classified as Over Time. Also, your supervisor MUST initial your time card in order for you to be paid overtime.
- When you have completed your work for the week, you AND your supervisor MUST sign and date the time card. You must print the name of your supervisor signing your time card under the name of your company assignment on the Supervisor's Name line. Write the last 4 digits of your SSI # where indicated, under your name. Mark the circle by the office where you want your check delivered. If you do not mark an office delivery location your check will be mailed.
- Submit your time card to Ardelle Associates via fax at 866-598-3024 at the close of business on the Friday that ends the pay period. You MUST fax the original, not a photocopy. If you have any questions regarding our payroll cycle or any other payroll related questions, please call us at 703-642-9050.
- Keep a copy of your time card for your records and provide one for your supervisor as well. Failure to follow these instructions will cause a delay in the preparation of your pay check.

Note: Please mark your time card clearly with a bold, black pen.

Please Fax Time Sheet To : 866-598-3024

| PR 11 | 5 / 11 | 5 / 12 | 5 / 13 | 5 / 14 | 5 / 15 | 5 / 16 | 5 / 17 | Total Hours |
|---|--------|---------|-----------|---------------------------|--------|-----------|--------|-------------|
| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
| Time Started | | | | | | | | |
| Time Finished | | | | | | | | |
| Less Lunch | | | | | | | | |
| Total Hours Worked | | | | | | | | |
| Signed by Employee: _____ Date: _____ | | | | Total Hours For This Week | | | | |
| | | | | Regular | | Over Time | | |
| Signed by Supervisor : _____ Date: _____ | | | | Hrs | Min | Hrs | Min | |
| Supervisor's Initial to authorize overtime: _____ | | | | | | | | |

Please send pay check to me via : **Annandale Office** **Alexandria Office** **U.S. Mail**
 (Please Circle ONE)

Note: Approval indicates acceptance of the terms and conditions of the Client Agreement, below.

Client Agreement:
 It is agreed that the individual signing this time sheet is an authorized representative of the Client and hereby certifies the hours recorded are correct and that the work was performed satisfactorily.

The Client Agrees to comply with the credit terms of AA Temps, Inc. Accounts older than 30 days will be subject to late charges of 1 1/2% monthly (18% annually) on the unpaid balance. Client agrees to pay any attorney's fees and reasonable court costs required to collect an unpaid balance.

Indirectly an AA Temps, Inc. employee, Client agrees to pay AA Temps, Inc. a permanent placement fee equal to 20% of the employees' first year annual salary. Client further agrees to pay said fee within fifteen (15) days of the hiring date.

The Client Agrees to comply with the credit terms of AA Temps, Inc. Accounts older than 30 days will be subject to late charges of 1 1/2% monthly (18% annually) on the unpaid balance. Client agrees to pay any attorney's fees and reasonable court costs required to collect an unpaid balance.

For Internal Use by Ardelle Associates, Inc. ONLY.

| R | OT | Paid Time Off | | | Total |
|---|----|---------------|---------|-----------|-------|
| | | Vacation | Holiday | Total PTO | |
| | | | | | |

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| PR 11 | 5 / 18 | 5 / 19 | 5 / 20 | 5 / 21 | 5 / 22 | 5 / 23 | 5 / 24 | Total Hours |
|---|--------|---------|-----------|---------------------------|--------|-----------|--------|-------------|
| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
| Time Started | | | | | | | | |
| Time Finished | | | | | | | | |
| Less Lunch | | | | | | | | |
| Total Hours Worked | | | | | | | | |
| Signed by Employee: _____ Date: _____ | | | | Total Hours For This Week | | | | |
| | | | | | | | | |
| Signed by Supervisor : _____ Date: _____ | | | | Regular | | Over Time | | |
| | | | | Hrs | Min | Hrs | Min | |
| Supervisor's Initial to authorize overtime: _____ ⇄⇄⇄⇄⇄⇄⇄ | | | | | | | | |

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 individual either directly or indirectly without the written consent of AA Temps, Inc. In the event the client hires directly or indirectly an AA Temps, Inc. employee, Client agrees to pay AA Temps, Inc. a permanent placement fee equal to 20% of the employees' first year annual salary. Client further agrees to pay said fee within fifteen (15) days of the hiring date.

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| | | | | | |