

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:

1. 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.
2. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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: _____				<table border="1"> <tr> <th colspan="4">Total Hours For This Week</th> </tr> <tr> <th colspan="2">Regular</th> <th colspan="2">Over Time</th> </tr> <tr> <th>Hrs</th> <th>Min</th> <th>Hrs</th> <th>Min</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Total Hours For This Week				Regular		Over Time		Hrs	Min	Hrs	Min				
Total Hours For This Week																								
Regular		Over Time																						
Hrs	Min	Hrs	Min																					
Signed by Supervisor : _____ Date: _____																								
Supervisor's Initial to authorize overtime: _____																								

Please send pay check to me via : **Alexandria Office**  
 ( Please Circle ONE )

**Mail**

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.  
 In addition, Client agrees to indemnify and hold AA Temps, Inc. harmless 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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**For Internal Use by Ardelle Associates, Inc ONLY**

R	OT	Vacation	Holiday	Sick	Total

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 Employee SSN : XXX - XX - \_\_\_\_\_  
 Employee Phone Number : \_\_\_\_\_  
 Company Name : \_\_\_\_\_  
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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	
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