



NW STAFFING RESOURCES, INC. RESOURCE STAFFING GROUP LEGAL NORTHWEST	WEEKEND ENDING DATE (SUNDAY): MM/DD/YYYY _____/_____/_____						ASSOCIATE INFORMATION
	DAY TIME IN LUNCH OUT LUNCH IN TIME OUT TOTAL HOURS	BY SIGNING THIS FORM ASSOCIATE CERTIFIES THAT FORM IS TRUE AND ACCURATE					
NWS serves Oregon, Washington, and California. For the contact information of a branch office near you, please visit our website below. www.nwstaffing.com www.legalnw.com www.resourcestaff.com	MON						ASSOCIATE NAME- PRINT
	TUES						ASSOCIATE SIGNATURE
	WED						
	THUR						SICK LEAVE REQUESTED DAYS/HOURS
	FRI						
	SAT						ASSOCIATE COMMENTS AND/OR CONCERNS:
	SUN						
TOTAL HOURS:							
TOTAL MINUTES:							
TO OUR CLIENTS: 1. PLEASE SIGN THE EMPLOYEE'S TIMECARD AND VERIFY THE TOTAL HOURS AND MINUTES 2. RETAIN A COPY TO MATCH WITH THE INVOICES. YOU WILL BE INVOICED WEEKLY 3. OVERTIME HOURS WILL BE BILLED AT TIME AND ONE HALF AND IN ACCORDANCE WITH STATE LAW. 4. THERE IS A 4-HOUR MINIMUM PER EMPLOYEE PER DAY <p style="text-align: center;">Go Paperless! Ask your Branch about our online time-keeping system through our WebCenter.</p>	CLIENT/COMPANY NAME _____						TO OUR ASSOCIATE: 1. ONLY SUBMIT HOURS WORKED 2. SICK LEAVE AND HOLIDAY PAY MUST BE SUBMITTED SEPARATE FROM REGULAR HOURS 3. AN AUTHORIZED REPRESENTATIVE OF CLIENT COMPANY MUST SIGN TIMECARD. 4. KEEP A COPY OF YOUR TIMECARD FOR YOUR OWN PERSONAL RECORD. 5. IF YOUR ASSIGNMENT ENDS BE SURE TO CALL IN AVAILABLE TO YOUR LOCAL NWS BRANCH.
	SUPERVISOR AUTHORIZATION NAME _____						
	SUPERVISOR AUTHORIZATION SIGNATURE _____						
	DATE OF SIGNATURE _____						

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