



Time Card / Paycheck Instructions - Week ending Sunday

- You are paid according to this time card. Incomplete, inaccurate or illegible time cards may cause your paycheck to be delayed. Employee and Client signatures must appear on the time card to ensure prompt payment.
- Use a new time card for each assignment and use a new time card each week. Time cards will be given to you with your paycheck each week.
- After completing this time card (see specific instructions on reverse side):
 - ✓ Detach this cover sheet.
 - ✓ Leave client copy with client.
 - ✓ Retain employee copy for your records.
 - ✓ Promptly turn in RUSH copy of time card (hard copy) by 5:00 pm Monday of each week to your local RUSH office.
- Time cards turned in after Mondays may cause your paycheck to be delayed.
- Weekly payroll will be available on Fridays between 9:00 am and 5:00 pm at your local RUSH office (unless otherwise noted by special holiday schedules).

Specific Instructions

- Name** Clearly print your first name, middle initial and last name. No nick names please.
- SSN Digits** Enter the last 4 digits of your Social Security Number.
- RUSH Location** List the RUSH office you are currently working for.
- Week Ending Date** Enter the date of the Sunday at the end of the week in which you are working. If the last day of your workweek is not Sunday, please call your RUSH office.
- Client Name, Department and City** Clearly print client name, department, if applicable and city.
- Comments** This space is provided for the client's use.
- Daily Time Record**
 - Enter the date that corresponds to the day of the week.
 - Record hours worked daily to the nearest quarter hour (.25, .50, .75). Enter start and finish times
 - Record your lunch break – time OUT and time back IN
 - Compute the total hours worked for each day, being certain to exclude lunch time taken. Enter daily total. Draw a line through days not worked.
 - Total your daily hours for the week for this assignment and enter in Total Hours box.
- Employee Signature** Sign your name to certify that the hours you entered are correct.
- Client Verification and Signature** Have client write out total number of hours and minutes and sign time card at the end of each week, or sooner if assignment is completed.

RUSH		Chico (530) 893-5500 Fax: (530) 893-0648	Redding (530) 222-2593 Fax: (530) 222-9223	Colusa (530) 458-2280 Fax: (530) 458-0830	Grass Valley (530) 272-1605 Fax: (530) 272-1991	Yuba City (530) 770-3790 Fax: (530) 821-0217	Bi-weekly Sun	Nº 0000000													
EMPLOYEE NAME		SSN - LAST 4 DIGITS			CLIENT NAME		WEEK ENDING SUNDAY														
DAY		WEEK 1 DATE		HOURS TO NEAREST QUARTER HOUR				DAY		WEEK 2 DATE		HOURS TO NEAREST QUARTER HOUR									
				STARTED		OUT		IN		FINISHED		REG		O.T.		DBL					
MON																					
TUE																					
WED																					
THU		7A		7B		7C				7D											
FRI																					
SAT																					
SUN																					
MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY		REG		O.T.		DBL		MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY		REG		O.T.		DBL		TOTAL HOURS		TOTAL HOURS			
6 COMMENTS		IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT?		<input type="checkbox"/> YES		<input type="checkbox"/> NO		3 RUSH LOCATION		AVAILABLE FOR WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL HOURS									
PLEASE WRITE OUT NUMBER OF HOURS AND MINUTES SHOWN IN TOTAL HOURS BOX		HRS		MINS				PLEASE PRINT NAME (CLIENT)		TITLE		PRINT NAME									
9 AUTHORIZED SIGNATURE (CLIENT)		DATE		8 EMPLOYEE SIGNATURE		DATE															
X				X																	

IMPORTANT FOR CLIENT: YOUR SIGNATURE CERTIFIES THAT (1) THE HOURS SHOWN ARE CORRECT AND WORK WAS DONE SATISFACTORILY; (2) YOUR SIGNATURE FURTHER CERTIFIES THAT ALL CLIENT INFORMATION ON THE REVERSE SIDE OF THIS FORM HAS BEEN MET, AND AUTHORIZES TO PAY OUR EMPLOYEE AND BILL YOUR COMPANY FOR THE HOURS NOTED.

EMPLOYEE: I HEREBY CERTIFY AND DECLARE UNDER PENALTY OF PERJURY THAT (1) I AGREE TO THE TERMS AND CONDITIONS IN THE EMPLOYEE HANDBOOK AND ON THE REVERSE SIDE OF THIS FORM UNDER THE EMPLOYEE INFORMATION SECTION; (2) THIS FORM IS TRUE AND ACCURATE; (3) NO INJURIES HAVE OCCURRED; (4) I HAVE RECEIVED ALL THE REST PERIODS AND MEAL PERIODS TO WHICH I AM LEGALLY ENTITLED ON EACH WORKDAY WITHIN THE PAY PERIOD COVERED BY THIS TIME RECORD; (5) THIS TIME RECORD FULLY AND ACCURATELY REPORTS ALL THE TIME THAT I HAVE WORKED DURING THE COVERED PAY PERIOD; AND (6) I AM MAKING THIS DECLARATION FREELY AND VOLUNTARILY.



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Fax: (530) 272-1991

Yuba City
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Fax: (530) 821-0217

Bi-weekly Sun

Nº 0000000

PRESS FIRMLY TO GO THROUGH ALL 3 COPIES • PRINT CLEARLY • USE BLACK BALLPOINT PEN ONLY

EMAIL TO: PAY@RUSH-PERSONNEL.COM

EMPLOYEE NAME						SSN - LAST 4 DIGITS		
DAY	WEEK 1 DATE	HOURS TO NEAREST QUARTER HOUR						
		STARTED	OUT	IN	FINISHED	REG	O.T.	DBL
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY						REG	O.T.	DBL
TOTAL HOURS								

CLIENT NAME						WEEK ENDING SUNDAY		
DAY	WEEK 2 DATE	HOURS TO NEAREST QUARTER HOUR						
		STARTED	OUT	IN	FINISHED	REG	O.T.	DBL
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY						REG	O.T.	DBL
TOTAL HOURS								

COMMENTS

IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES NO

PLEASE WRITE OUT NUMBER OF HOURS AND MINUTES SHOWN IN TOTAL HOURS BOX _____ HRS _____ MINS

PLEASE PRINT NAME (CLIENT) _____ TITLE _____

AUTHORIZED SIGNATURE (CLIENT) **X** _____ DATE _____

IMPORTANT FOR CLIENT: YOUR SIGNATURE CERTIFIES THAT (1) THE HOURS SHOWN ARE CORRECT AND WORK WAS DONE SATISFACTORILY; (2) YOUR SIGNATURE FURTHER CERTIFIES THAT ALL CLIENT INFORMATION ON THE REVERSE SIDE OF THIS FORM HAS BEEN MET; AND AUTHORIZES TO PAY OUR EMPLOYEE AND BILL YOUR COMPANY FOR THE HOURS NOTED.

AVAILABLE FOR WORK? YES NO **TOTAL HOURS** _____

RUSH LOCATION _____

PRINT NAME _____

EMPLOYEE SIGNATURE **X** _____ DATE _____

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CLIENT COPY

CLIENT INFORMATION

Client named on the reverse side hereby agrees that RUSH Personnel Services named on the reverse side (hereinafter called "Contractor"):

(1) incurs substantial recruiting, screening, administrative and marketing expenses in connection with the temporary employee ("Employee") named on reverse side. Client agrees that if Client hires Employee, prior to completing 720 continuous working hours, without agreement from Contractor, Client will pay Contractor's conversion charge.

(2) *Client certifies that the time set forth as hours worked is correct and that the work was performed in a satisfactory manner.*

(3) *Client agrees Employee is entitled to a rest period of 10 minutes for each four hours worked or major fraction thereof. This means Employee is entitled to two 10-minute rest periods for an eight-hour shift. In addition, Employee is entitled not to work more than five hours without a meal period of at least 30 minutes, with the meal period being uninterrupted and duty-free.*

(4) *Client has not and shall not in the future without prior written permission from Contractor in each instance: (i) entrust Employee with unattended premises, cash, negotiable instruments, or other valuables or authorize Employee to operate machinery or motor vehicles; (ii) assign Employee to perform work other than described at the time Client placed the job order.*

(5) *Contractor's insurance does not cover loss or damage caused by Employee operating Client's owned or leased motor vehicle(s), and Client therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damages sustained or incurred as a result of Employee driving such vehicle(s), or arising out of or involving violation by Client of paragraph 4(i) or 4(ii) above.*

(6) *Contractor is not responsible for claims made under its liability or bond insurance policies unless such claims are reported to Contractor in writing by Client within 30 days after occurrence.*

(7) *Contractor is not responsible for claims for damage to property within Contractor's or Employee's care, custody and control.*

(8) *In the event of Client's non-payment of Contractor's invoices, Client agrees to be responsible for all collection expenses, including attorneys' fees, interest and court costs.*

(9) *Client accepts the obligation to discuss all matters concerning Employee, including without limitation, Employee's job assignments, wages and payroll procedures with Contractor and not with Employee directly.*

(10) *Client shall indemnify and hold Contractor, its subsidiaries, affiliates and agents, including the employer of record harmless from any and all claims and damages arising out of Client's violation of employment laws including, without limitation, OSHA and EEO, and immigration laws.*

EMPLOYEE INFORMATION

(1) **Recording Your Time.** *Report all time to the nearest 1/4 Hour. Do not show odd minutes.*

(2) **Overtime.** *All authorized work you perform in excess of 8 hours per day will be at time and one half the regular rate. If you are scheduled to work 10 hours; 4 days per week, authorized work performed in excess of 10 hrs will be paid at time and one half the regular rate. You are permitted to work overtime only if the client requests and approves such work. The client must obtain approval from Rush before overtime can be authorized.*

(3) **Lunch.** *You are entitled to a rest period of 10 minutes for each four hours worked or major fraction thereof. This means you are entitled to two 10-minute rest periods for an eight-hour shift. In addition, you are entitled not to work more than five hours without a meal period of at least 30 minutes, with the meal period being uninterrupted and duty-free.*

(4) **Absence - Call your client supervisor first, then Rush,** *when you are late, if you cannot work the prescribed hours, or if you won't be able to report for work. If you will be out for a number of days it will be up to the client to decide on replacing you or awaiting your return.*

(5) **Future Assignments.** *If you do not contact us after each assignment, we will assume you are not available for work.*



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EMPLOYEE NAME						SSN - LAST 4 DIGITS		

CLIENT NAME						WEEK ENDING SUNDAY		

DAY	WEEK 1 DATE	HOURS TO NEAREST QUARTER HOUR						
		STARTED	OUT	IN	FINISHED	REG	O.T.	DBL
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								

DAY	WEEK 2 DATE	HOURS TO NEAREST QUARTER HOUR						
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MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY	REG	O.T.	DBL
TOTAL HOURS			

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TOTAL HOURS			

COMMENTS

IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES NO

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PLEASE PRINT NAME (CLIENT) _____ TITLE _____

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AVAILABLE FOR WORK? YES NO **TOTAL HOURS** _____

RUSH LOCATION _____

PRINT NAME _____

EMPLOYEE SIGNATURE **X** _____ DATE _____

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TUE								
WED								
THU								
FRI								
SAT								
SUN								
MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY						REG	O.T.	DBL
TOTAL HOURS								

CLIENT NAME						WEEK ENDING SUNDAY		
DAY	WEEK 2 DATE	HOURS TO NEAREST QUARTER HOUR						
		STARTED	OUT	IN	FINISHED	REG	O.T.	DBL
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TUE								
WED								
THU								
FRI								
SAT								
SUN								
MINIMUM FOUR (4) HOURS PER EMPLOYEE PER DAY						REG	O.T.	DBL
TOTAL HOURS								

COMMENTS

IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES NO

PLEASE WRITE OUT NUMBER OF HOURS AND MINUTES SHOWN IN TOTAL HOURS BOX _____ HRS _____ MINS

PLEASE PRINT NAME (CLIENT) _____ TITLE _____

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AVAILABLE FOR WORK? YES NO **TOTAL HOURS** _____

RUSH LOCATION _____

PRINT NAME _____

EMPLOYEE SIGNATURE **X** _____ DATE _____

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RUSH COPY - PROMPTLY RETURN TO LOCAL RUSH OFFICE

Place
Stamp
Here



RUSH

RUSH PERSONNEL SERVICES, INC.
15 Independence Circle, Chico, CA 95973