INNOVATIVE
Employee Solutions®

Timecard Instructions:

1. Please comply with client specfic timecard deadlines. Clients may have earlier deadlines.
   The final timecard deadline to IES is no later than the close of business Sunday.
2. Retain a copy for your records
3. Scan signed timecard to IESTimecards@innovative-es.com OR fax to 858.715.5110.

Employee

Enter last 4 digits of your social security # ☐☐☐☐

Name _____

Work Phone _____ Home Email _____

Home Address _____

City, State, Zip _____

☐ Hold check for pick-up at Innovative Office ☐ Address Change

I certify that the time reported is correct and that I was not injured on the job this week or the injury has been reported to Innovative.

Signature _____

P.O. # _____

Client

Company Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

☐ Assignment Completed/ Reason: _____

By authorizing this timecard, I agree to the Terms and Conditions set forth by Innovative Employee Solutions

Client Signature _____

Pay Cycle End Date _____
Month Day Year

															DATE WORKED																		
Shift Code	PROJECT NUMBER CO		DIV.				P.T.		PROJ.				SUB			TOTAL HOURS REG	OT	DT	MON REG	OT	DT	TUE REG	OT	DT	WED REG	OT	DT	THUR REG	OT	DT	FRI REG	OT	DT	SAT REG	OT	DT	SUN REG	OT	DT
	TO BE COMPLETED ONLY IF ELIGIBLE														HOLIDAY																							
															SICK																							
															VACATION																							
	TOTAL HOURS FOR ONE WEEK																																					