INNOVATIVE
Employee Solutions®

Timecard Instructions:

1. Please comply with client specific timecard deadlines. Clients may have earlier deadlines than IES.
   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

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