INNOVATIVE
Employee Solutions®

Timecard Instructions

1. Timecard deadline Monday 12 Noon P.S.T.
2. Retain a copy for your records.
3. Scan signed timecard to payrollgroup@innovative-es.com OR fax to 858.715.5110.

Employee

Please provide the 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																									

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