



# CAN Employment

Fill in this timecard completely. Leave a copy with your supervisor. Timecards must be received in our office no later than **12:00 noon Monday**. We accept timecards dropped off at our office, as well as via email, fax, or text message, provided **the image is bright, clear and the entire timecard with signatures is visible**. Please retain the physical timecard for a period of six (6) months or drop off to the office for record keeping as soon as you are able. Failure to turn in your timecard by the deadline may delay the issuing of your pay until the following pay week. **Timecards missing the employee or supervisor signature will not be processed.**

**PLEASE PRINT CLEARLY. Please use a separate timecard for each location worked.**

Employee Name		SIN (last 3 digits)	
Client / Company Name		Week ending (Saturday)	

**Round hours to the nearest quarter hour (15 minutes)**

	DATE	TIME STARTED	TIME FINISHED	LUNCH	TOTAL PAID HOURS
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					
<b>TOTAL HOURS / WEEK</b>					

### EMPLOYEE DECLARATION:

*By signing below, I agree that the hours shown on this timecard were worked by me during the week designated. I understand that falsification of hours will result in the immediate termination of my employment.*

*While on this assignment, I have not had any work-related injuries or illnesses that I have not reported to my employer.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### CLIENT VERIFICATION:

*The undersigned, as agent for the client company, certifies that the associate named herein worked the recorded hours during the period noted on this card. By signing this client authorization, we agree to be bound by the terms and conditions as set forth in the service agreement.*

\_\_\_\_\_  
Supervisor Name (Print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date