



Employee Timecard for W/E ____/____/____

EMPLOYEE NAME:			LAST 4 DIGITS OF SSN:		COMPANY / DEPT:		
	DATE	START	LUNCH OUT/IN	FINISH	REG HRS	OT1 HRS	OT2 HRS
SUN							
MON							
TUES							
WED							
THURS							
FRI							
SAT							
TOTALS							

Employee Signature : _____

Supervisor Approval : _____

Timecard Instructions:

1. Is your name on the timecard
2. Have both employee and customer signed this timecard?
3. Is this timecard completely filled out?
4. Be sure to FAX your Apollo location your timecard
5. Do you understand that Apollo must have your approved timecard by midnight Sunday following the week worked and that your paycheck cannot be generated without it?

APS, Inc. not being an employment agency provides its services to us at a large expense to APS. The customer and employee agrees, jointly and severally, that the customer will not employ the employee directly or indirectly, for a term of 180 days from the date of separation of the employee from APS, Inc. (as employer) unless otherwise agreed to, in writing by APS, Inc. or unless the customer and employee each pay a fee to APS equal to 20% of employee's annual salary in accordance with applicable federal and state laws and regulations.

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