



4431 N. Cherry St., Ste. 50  
Winston-Salem, NC 27105  
(336) 776-1717 – Industrial  
Fax (336) 776-1661

1551 Westbrook Plaza Dr., Ste. 110  
Winston-Salem, NC 27103  
(336) 659-9900 – Clerical  
Fax (336) 659-9988

3407-D W. Wendover Ave.  
Greensboro, NC 27407  
(336) 855-5111  
Fax (336) 855-9977

251 Nor-Dan Drive  
Danville, VA 24540  
(434) 836-1333  
Fax (434) 836-1377

3227 Halifax Rd., Ste. B  
South Boston, VA 24592  
(434) 572-6200  
Fax (434) 572-8700

302 N. Pierce St., Ste. A  
Eden, NC 27288  
(336) 635-5980  
Fax (336) 635-5977

**INSTRUCTIONS:**

1. Complete time card accurately.
2. Have supervisor sign card and leave yellow copy with company.
3. Mail or deliver white copy promptly to reach office by Monday 10:00 A.M.
4. Call Debbie's Staffing Services when assignment is completed or when assistance of any kind is needed.

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Report to: \_\_\_\_\_

The hours indicated have been worked for the above client and approved by my supervisor.

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

Social Security Number: \_\_\_\_\_

Week Ending Date (Sun.)

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Day	Time Started	Time Finished	Less Lunch Period	TOTAL HOURS	
				Reg. Hrs.	Overtime
MON.					
TUES.					
WED.					
THURS.					
FRI.					
SAT.					
SUN.					
<b>TOTAL HOURS</b>					

This is your authority to invoice our firm for services rendered by the above named Debbie's Staffing Services. I understand that a minimum of 480 hours or payment of a conversion fee will be required to hire any Temporary Employee as reasonable and just compensation to Debbie's Staffing Service for the loss of the service of its employee and liquidation damages.

**Customer Approval**

By \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

Please (✓)  Assignment Continuing  Completed

**WHITE-OFFICE**

**YELLOW-CUSTOMER**

**PINK-EMPLOYEE**