Timecard Procedure

To report your weekly hours:

Your hours for the previous week must be reported **no later than Monday at 10:00 AM.** This deadline ensures there is sufficient time to process your paycheck and mail it out along with the rest of the paychecks on Wednesday afternoon.

The preferred method of reporting your hours is to **FAX** a copy of your timecard to (714) 459-7104 **OR EMAIL** a copy of your timecard to timecards@2roads.com. The timecard must be filled out completely, including your signature and the signature of your supervisor.

If, for any reason, you cannot fax your timecard to us by the Monday, 10:00 AM deadline, you must still report your hours by calling Two Roads (714-901-3804) and giving the hours over the phone. Calling in your hours allows Two Roads to initiate the normal processing of your paycheck. However, if you call in your hours, you must still fax or email a copy of your signed, completed time card before we will release your check.

Payday is on Friday and your paycheck/paystub will be dated as such. Direct deposits will process on Friday and hard checks will be mailed on Wednesday. A new time card will be included with each paycheck sent out.

<u>Please Note:</u> It is your responsibility to notify both your on-site supervisor and Two Roads in advance of any absence or tardiness.

If you have any questions or concerns, please call (714) 901-3804 and ask for your Two Roads representative.

Two Roads Professional Resources, Inc. 5122 Bolsa Ave. Suite 110 Huntington Beach, CA 92649 (714) 901-3804 fax (714) 459-7104





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Weekly Time Sheet

WEEK ENDIN	G (Sunday's	Date):							
Employee:		Title:							
Company:	Contact Phone #:								
Work Hours:			Department:						
The following Supervisor's N		is to be prov	vided at	your first v	_	of employi			
Manager's Nar	Contact Phone #:								
	Morning		Meal	Afternoon		Regular	Overtime	Dbl-time	
Date	Time In	Time Out	Break	Time In	Time Out	Hours	Hours	Hours	Total Hrs.
			-						
					Totals				
EMPLOYEE S	IGNATURE:					DATE:			
		I, the above-sig all hours worke times.							
SUPERVISOR	APPROVAL	.:				DATE:			
		I, the assigne	ed superv	isor, certify th	nat I am authori	ized by the c	lient to appro	ve this time	sheet.

the hours reported.

Additionally, I attest to the accuracy of this timesheet and that the employee has satisfactorily worked