

ROPER PERSONNEL SERVICES ■ P.O. BOX 21009, COLUMBIA S.C. 29221 ■ PHONE (803) 798-8500

PRESS HARD, YOU ARE MAKING 3 COPIES. TYPE OR USE BALL POINT PEN

PRINT YOUR
NAME & ADDRESS
CLEARLY

EMPLOYEE SIG.

SOCIAL SECURITY NO.

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CLIENT'S NAME
AND ADDRESS

SUPERVISOR'S SIGNATURE

DATE

Client approval indicates acceptance of the Terms and Conditions on
the reverse side and client specific safety training conducted

DAY	DATE	TIME IN	TIME OUT	Less Lunch TIME	TOTAL
MON.					
TUES.					
WED.					
THURS.					
FRI.					
SAT.					
SUN.					

WEEK ENDING _____ TOTAL HOURS _____

MAIL PROMPTLY- Time Card must be mailed no later than Saturday
morning. Please call the Roper Office immediately if your assignment
is completed. ASSIGNMENT COMPLETED YES NOUNLESS EMPLOYEE NOTES AN "X" IN THIS BOX HE/SHE CONFIRMS BY TURNING IN THIS TIME CARD THAT HE/SHE
HAS INCURRED NO WORK RELATED ILLNESS OR INJURY THIS WEEK. IF THE BOX IS MARKED, EMPLOYEE HAS NOTIFIED
OR WILL IMMEDIATELY NOTIFY HIS/HER ROPER SUPERVISOR OF ALL SPECIFICS REGARDING THE INJURY OR ILLNESS.FOUR HOUR MINIMUM PER DAY, PER EMPLOYEE
CUSTOMER COPY