

FOR THE WEEK ENDING: _____

**ROSS PROFESSIONAL SERVICES, LLC
TIME CARD**

CHECK ONE:

DIRECT DEPOSIT _____

MAIL CHECK _____

PICK-UP CHECK _____

NAME: _____

LAST 4 OF SSN: XXX-XX- _____

LABOR CATEGORY: _____

AGENCY/CO. AND LOCATION: _____

	DATE	REG HOURS	OT HR	TOTAL HOURS
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				
TOTAL HRS FOR WEEK:				

	DATE	REG HOURS	OT HR	TOTAL HOURS
TOTAL HRS FOR WEEK:				

GRAND TOTAL HRS

*Signature: _____

Date: _____

*Agency/Co. Approval: _____

Date: _____

Telephone No: () _____

**I affirm, to the best of my knowledge, that the information reported above is accurate and complete. Attention: Please submit your timecard every other Monday by the close of business via: E-mail at payroll@rpservices.net or Fax at (202) 726-2806
The client-signed timecard deadline is **FRIDAY 11:59 PM EST**. All timecards received after 11:59 will be process on the next available pay period.*

As an RPS employee, you are only paid for the hours you work. Therefore, DO NOT include time for lunch hours, federal holidays, time off, or add personal notes, etc. on your timecard.