

ROSS PROFESSIONAL SERVICES, LLC
TIME CARD (MANUAL use only when ADP is not accessible)

FOR THE WEEK ENDING: _____

NAME: _____
 LAST 4 OF SSN: XXX-XX- _____
 LABOR CATEGORY: _____
 AGENCY/CO. AND LOCATION: _____

CHECK ONE:
 DIRECT DEPOSIT
 MAIL CHECK
 PICK-UP CHECK

WEEK 1		TIME IN	TIME OUT	PAID REG DAILY HRS.	PAID VACATION DAILY HRS.	PAID SICK DAILY HRS.	TOTAL DAILY HOURS
DAY	DATE						
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
TOTAL HOURS FOR WEEK 1:							

WEEK 2		TIME IN	TIME OUT	PAID REG DAILY HRS.	PAID VACATION DAILY HRS.	PAID SICK DAILY HRS.	TOTAL DAILY HOURS
DAY	DATE						
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
TOTAL HOURS FOR WEEK 2:							

GROSS TOTAL HOURS (WEEK 1 & WEEK 2)						
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*Your Signature: _____ Date: _____ Telephone No: _____
 *Agency/Co. Approval Signature: _____ 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 Thursday by the close of business via: E-mail at payroll@rpservices.net or Fax at (202) 726-2806. The client-signed timecard deadline is THURSDAY 11:59 PM EST. All timecards received after 11:59 will be processed as a Manual Paycheck.*

As an RPS employee/contractor, you are only paid for the hours you work. Therefore, DO NOT include time for lunch hours. Please do not add personal notes, communication, etc. on your timecard. Thank you!