



3356 Regal Drive Suite A
Alcoa, TN 37701

Office: 865.724.2215
Fax: 865.724.1671

Company Name: _____

Start Week's (Monday) Date _____

Employee Name: _____

Supervisor's Signature: _____

		MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL HOURS
Date									
Mandatory Supervisor's Daily Initials									
Hours									

Email completed timecards to payroll@gearrecruiting.com or Fax 865.724.1671

Supervisors: Please save a copy of the completed timecard for your record each week.

Worker's Comp Injury Statement

Employee certifies no accident or injury was sustained while working on the assignment unless so noted in the comment section.

Comments _____

Employee Signature _____

**PLEASE NOTE: All time cards MUST be signed by Client Site Supervisor and turned into GEAR payroll
TIMECARDS MUST BE FAXED OR EMAILED TO GEAR BY 10:00 A.M. (EASTERN) MONDAY MORNING**

Time cards that fail to have Client Site Supervisor's signature will be considered invalid and not approved for payroll.

In event employment is terminated either voluntary or involuntary employee is responsible for gaining the site supervisor's signature for time card approval.