

Jacobson Payroll Group, Inc.

NON-UNION TIME CARD

11835 West Olympic Blvd., Suite 1100E, Los Angeles, CA 90064
 PHONE: (310) 444-5255 FAX: (310) 444-5256



SHOW NAME	RATE	WEEK ENDING
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EMPLOYEE NAME	SSN	GUARANTEED HOURS	OCCUPATION	EXEMPT? Y <input type="checkbox"/> N <input type="checkbox"/>
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LOAN OUT	FEDERAL ID: (CORP)	LOCATION CITY	COUNTY	WORK STATE	FOREIGN LOCATION? Y <input type="checkbox"/> N <input type="checkbox"/>
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BUDGET CODES	DATE	LOC	DAY	CALL	1ST MEAL OUT/IN	2ND MEAL OUT/IN	WRAP	OCC CODE	1X	1.5X	2X		MEAL PNLTY	PAY CODE	RATE	TYPE	HRS	TOTAL
			1ST												REG			
			2ND												1.5X			
			3RD												2X			
			4TH												2.5X			
			5TH												3X			
			6TH												M.P.			
			7TH															
									TOTAL HRS									TOTAL AMT

ACCT#	MEALS ALLOW	MEALS TAXABLE	PER DIEM TAXABLE	ACCT#	LODGE ALLOW	LODGE TAXABLE	OTHER
ACCT#	BOX RENTAL	SALARY ADVANCE	CAR ALLOWANCE	ACCT#	MILEAGE ALLOW	MILEAGE TAXABLE	OTHER

COMMENTS:

I HEREBY ACKNOWLEDGE THAT JACOBSON PAYROLL GROUP, INC. MAY DEDUCT FROM MY EARNINGS ANY AMOUNT REQUIRED TO ADJUST PREVIOUS OVERPAYMENTS IF AN OVERPAYMENT OCCURRED.
 YOUR EMPLOYER OF RECORD IS: JACOBSON PAYROLL GROUP, INC. 11835 WEST OLYMPIC BLVD., SUITE 1100E, LOS ANGELES, CA 90064, (310) 444-5255
PRODUCER AND EMPLOYEE ACKNOWLEDGE BY SIGNING THIS CARD THAT THE HOURS RECORDED ON THIS CARD ARE COMPLETE AND ACCURATE.

EMPLOYEE SIGNATURE:	APPROVED BY:
DATE:	DATE: