

“Payroll Procedures...”

1. Your accurately completed and legible time sheet must be in our office Monday by 6 pm. (This may change due to holidays and you will be given advanced notice by memos included with your checks). Paychecks will be ready Wednesday after 12 noon, unless otherwise notified.

2. Please round off your hours to the nearest quarter of an hour.
(Example: 15 min = $\frac{1}{4}$, 30 min = $\frac{1}{2}$, or 45 min = $\frac{3}{4}$)

3. The week ending date is Sunday following the work performed. Time sheets must be submitted weekly and on time. Late timesheets cause payroll and billing delays.

4. Please give the sheet marked “Client Copy” to the supervisor who signed your timesheet.

5. Please keep the sheet marked “Employee Copy” for your own records and for future reference.

6. You can now access an electronic timesheet copy, pay stubs, change personal information and more through our SELF-SERVE web site. You can access this site: <http://portal.pfd.snb.com>

7. You can drop off, email, or fax your timesheet with your supervisor’s signature to **CHOICE**. If you chose to fax your timesheet, you ***MUST*** call our office to confirm receipt, regardless of if you have received a fax confirmation.

8. Electronic timesheets are used for several of our clients. You will be informed when given your assignment if special time sheet submittal procedures are required.

9. You have several options for picking up your check:

- a. **Pick up** in person anytime after 12 noon on Wednesdays
- b. We can **mail** the check directly to your home address
- c. **Direct Deposit**
- d. Arrangements can be made ahead of time (and must be in writing) to allow someone other than yourself to pick up your check provided they bring a valid photo ID with them.

CHOICE TEMPORARY SERVICES

PAYROLL PROCEDURES

Welcome To Choice!

We are pleased that you chose to register with us, and we look forward to working with you. Please read this information carefully and call your counselor if you have any questions.



OFFICE HOURS

Monday – Friday 8:00 am – 6:00 pm*

Phone (212) 679-5900*

Fax (212) 889-3712

*After Business Hours Emergency

Phone (212) 689-1676

Counselor: _____

***You can download a timesheet on www.choicepersonnelinc.com

Click on Candidates, Favorite Forms, then the Timesheet icon on the left side of the page***

Bring your time sheet with you everyday to your assignment.

Fill out your timesheet completely and accurately or it will cause delays with your payroll.

Fill in these sections when we call you with an assignment

- Write in the name of the company you will perform work for
- Check if we should hold or mail your check
- Check if you are ready for a new assignment and when you can start
- Each Day:
 1. Record the date
 2. Time you started
 3. Time you finished
 4. **Deduct** amount of time taken for lunch
 5. **Total your hours for each day worked**
 6. Round off hours to nearest 1/4 hour
 7. Draw a line through any days you did not work

Print your supervisor's name, department and title. Have him/her verify the hours worked and sign your time sheet. Check off if you will be continuing the assignment.

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Suite 1601 Fax: 212-213-0984
New York, New York 10017 Fax: 212-889-3712

COMPANY NAME _____ WEEK ENDING SUNDAY _____

ADDRESS _____ CITY _____

HOLD MY CHECK OR ASSIGNMENT YES
MAIL MY CHECK PLEASE CHECK ONE COMPLETED NO

SOCIAL SECURITY NUMBER _____

WHEN AVAILABLE? _____ EMPLOYEE NAME _____

I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the Client. X

EMPLOYEE SIGNATURE _____

| DAY | DATE | HOURS TO NEAREST 1/4 HOUR | | | |
|-------|------|---------------------------|--------|-------------------|------------|
| | | START | FINISH | MINUS LUNCH BREAK | REG. HOURS |
| MON. | | | | | |
| TUE. | | | | | |
| WED. | | | | | |
| THUR. | | | | | |
| FRI. | | | | | |
| SAT. | | | | | |
| SUN. | | | | | |

| FOUR (4) HOUR MINIMUM PER EMPLOYEE PER DAY | OVERTIME HOURS PAID AFTER 40 | REG. HOURS | | OVERTIME | |
|--|------------------------------|------------|-----|----------|-----|
| | | HRS | MIN | HRS | MIN |
| | | | | | |

CLIENT PLEASE NOTE: WRITE TOTAL DAYS WORKED (IN WORDS) HERE _____

TOTAL HRS. TO NEAREST QUARTER _____

CLIENT: YOUR SIGNATURE CERTIFIES THAT: DAYS SHOWN ARE CORRECT, WORK WAS DONE SATISFACTORILY, AND YOU AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THE CLIENT COPY.

CLIENT _____ DEPT. _____

AUTHORIZED SIGNATURE _____ TITLE _____

IS THE EMPLOYEE CONTINUING THIS ASSIGNMENT? YES NO

MAIL OR DROP OFF TOP THREE COPIES TO LOCAL OFFICE. HEADQUARTERS COPY

FORM # CHOICE-3 (7-13)

Write in pen the date of the Sunday ending the week you performed work

Write in the last four digits of your social security number

Print your name and sign your time sheet before you send it in

Add up your regular hours and Overtime hours