

# Instructions for using A-Star's new 'Auto-Calc' timecard

1. Click in the date box, then select a date from the calendar. Always choose a Sunday
2. Enter time formats exactly as shown in the sample below. For example: 08:30 AM
3. This version will calculate overtime but will not calculate double-time. You will need to complete a manual timecard if you are entitled to double-time compensation.
4. A message will display if you violate California meal period laws, which are outlined in the lower half of the actual timecard. Make certain that you understand and comply with these laws. See the example for Saturday, April 30.
5. When your timecard is complete, print it out and submit to your supervisor for approval
6. Send your approved timecard to A-Star using one of the following methods no later than NOON on Monday:
  - Fax to (619) 574-7567 or (619) 574-6700
  - Rescan as a PDF and send as an e-mail attachment to: **PayrollFax@AStarStaffing.com**
  - Hand deliver
7. This version is designed to work with Adobe Reader, version 7 and higher. If you have problems, try downloading the most recent version of Adobe Reader at: <http://get.adobe.com/reader/>  
 If problems persist, e-mail Dan Barnes at **Dan@AStarStaffing.com** with a description of the problem.

## TIMECARD SAMPLE



### EMPLOYEE AUTO-CALC TIMECARD FOR THE WEEK ENDING ON SUNDAY

Always a Sunday!

	DATE	TIME		LUNCH		HOURS (Overtime m		A	
		START	FINISH	TIME OUT	TIME IN	REG	OT		
MON	04/25	8:30 AM	5:30 PM	12:00 PM	1:00 PM	8.00			
TUE	04/26	8:47 AM	7:16 PM	12:06 PM	12:44 PM	8.00	1.85		
WED	04/27								
THU	04/28	8:00 AM	5:30 PM	12:00 PM	12:30 PM	8.00	1.00		
FRI	04/29								
SAT	04/30	8:30 AM	5:00 PM			8.00	0.50	Meal Period Violation. Cannot override. See the Employee Instructions below.	
SUN	05/01								
CHECK HANDLING		<input type="radio"/> HOLD FOR PICK-UP	<input type="radio"/> MAIL	<input checked="" type="radio"/> DIRECT DEPOSIT	<b>TOTALS</b>		<b>32.00</b>	<b>3.35</b>	<b>PRINT TIMECARD</b>
COMMENTS / REIMBURSABLE EXPENSES Client reimbursement for parking: \$11.00 / Receipt attached					ANY WORK RELATED ILLNESSES OR INJURIES THIS WEEK? <input type="radio"/> YES <input checked="" type="radio"/> NO IF YES, PLEASE EXPLAIN:				
EMPLOYEE: I certify that the above is true and correct and that I have read the <i>INSTRUCTIONS &amp; INFORMATION</i> below.							NAME of CLIENT COMPANY:		
<b>John Jones</b>					<b>05/02/11</b>		<b>Acme Widget Company</b>		
PRINT NAME					SIGNATURE		DATE		
CLIENT APPROVAL: Your signature confirms that you are in agreement with the terms and conditions below and the hours listed above are correct.									
PRINT NAME			SIGNATURE			TITLE		DATE	

