



YOUR NAME _____

S.S. # _____

JOB STATUS: ☐ Completed ☐ Continuing
(Check One)

COMPANY NAME _____

REPORT TO _____

Employee Signature _____

W/E _____

TIME CARDS MUST BE TURNED IN BY 12:00 P.M. EACH MONDAY

| | DATE | TIME STARTED | AM PM | LUNCH BREAK FROM | TO | TIME FINISHED | AM PM | TOT. DAILY HR. ST | OT |
|-------|------|--------------|-------|------------------|----|---------------|-------|-------------------|----|
| SUN | | | | | | | | | |
| MON | | | | | | | | | |
| TUES | | | | | | | | | |
| WED | | | | | | | | | |
| THURS | | | | | | | | | |
| FRI | | | | | | | | | |
| SAT | | | | | | | | | |

Your signature indicates acceptance of the terms and conditions on the reverse side.

Total Straight Time Hours _____

Total Overtime Hours _____

Signature of Company Representative _____ Date _____

TOTAL HOURS _____

WHITE COPY - RETURN TO RES - YELLOW COPY TO EMPLOYEE - PINK COPY TO EMPLOYER



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