

Employee Name:	SS #:
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SS #: _____ (last -

Company: _____

Week Ending:

Date	Start	Lunch - In	Lunch - Out	Finish	Reg Hrs	O.T. Hrs
WEEKLY		REGULAR		OVERTIME		TOTAL
TOTALS		HOURS:		HOURS:		HOURS:

EMPLOYEE SIGNATURE:	Date:
SUPERVISOR/TITLE:	
(Please print)
AUTHORIZED SIGNATURE:	Date:
ALL TIME CARD ARE DUE NO LATER THAN 9AM ON MONDA'	YS - MUST HAVE AN AUTHORIZED SIGNATURE