



TIME CARD

Company _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security No. _____ Print Name: _____

Week Ending: _____

Employee Signature: _____

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTAL |
|--------------------|--------|---------|-----------|----------|--------|----------|-------|
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Less Lunch Period | | | | | | | |
| Total Hours Worked | | | | | | | |

Date _____

Customer Signature (or authorized representative) _____