

TIME CARD

Name: _____ Location: _____

Pay Period From: _____ To: _____

Day of Month	IN	OUT	REG Hrs	OT Hrs	Total Hrs	Location
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total Hours						

I HEREBY CERTIFY THAT I ENTERED MY HOURS WORKED ABOVE AND THIS STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFYING THIS INFORMATION CAN BE CAUSE FOR IMMEDIATE TERMINATION.

Signature of Employee: _____

Approved By: _____

Possible overtime on a daily basis, due to scheduling and other related activities

This report must be completed daily and at the end of the period signed and given to your immediate supervisor.

Fax your time card to (909) 862-9991 within 48 Hours after the end of the time period.