

Name_____

Pay Week Ending_____Position_____

	MON	TUE	WED	THUR	FRI	SAT	SUN	OFFICE ONLY
Date								ACCT #
Type (Reg, Sick, Hol)								
In								
Out								
Type (Reg, Sick, Hol)								
In								
Out								
Type (Reg, Sick, Hol)								
In								
Out								
								GRAND TOTAL
HOURS WORKED								

DO NOT WRITE BELOW THIS LINE

Supervisor Notation								
OFFICE TOTAL								
ST								
OST								
OT								
DT								
VAC								
SICK/PER								
HOL								

I verify that to my knowledge these hours are accurate.

Employee Signature

Date

Supervisor Signaure

Date

Signed and approved time cards are due in the business office by noon on Monday. rev 8/16