



2650 SOUTH 1030 WEST
SALT LAKE CITY, UTAH 84119

PHONE: (801) 413-1300
FAX: (801) 413-1301

WEEK ENDING _____

(SUNDAY)

*** FILL OUT TIME CARD DAILY ***

TURN IN BEFORE 9:00 AM MONDAY

EMPLOYEE

EMPLOYEE

NAME

NUMBER _____

APPROVAL _____

JOB NAME	JOB NUMBER	WORK ORDER #		M	T	W	T	F	S	S	TOTAL	MILE
			ST									
			OT									
			ST									
			OT									
			ST									
			OT									
			ST									
			OT									
			ST									
			OT									
			ST									
			OT									
	Hours remaining:		ST									
			OT									
*** TOTALS ***												
											ST	OT
SAFETY MEETING TOPIC:			Are there any accidents or injuries you were involved in this week you did not report?									
Did you attend? Yes No			Yes No If "Yes" please explain:									
COMMENTS:												

X

(EMPLOYEE SIGNATURE)

I agree that the total hours and mileage on this time card are correct.

X

(FOREMAN SIGNATURE)

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