



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									
			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)

F:\Users\Forms\Accounting