

EMPLOYEE TIME CARD (Pay Period)

Employee: _____

Assignment: _____

FROM: _____

TO: _____

DAY OF WEEK	MORNING		AFTERNOON		TOTAL HOURS
	IN	OUT	IN	OUT	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
WEEKLY TOTAL					

DAY OF WEEK	MORNING		AFTERNOON		TOTAL HOURS
	IN	OUT	IN	OUT	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
WEEKLY TOTAL					

I _____ CERTIFY THIS TO BE THE TRUE AND ACCURATE RECORD OF MY WORKING HOURS.

Employee's Signature: _____

Supervisor's Signature: _____

Date: _____