

WEEKLY TIME CARD

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EMPLOYEE'S NAME				NO.		WEEK ENDING:		DATE:					
JOB NAME OF NO.		KIND OF WORK DONE		S	M	T	W	T	F	S	HRS.	RATE	AMOUNT
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	10	TOTAL REGULAR TIME											
	11	TOTAL OVERTIME											
APPROVED BY:		WITHHOLD	S.D.I.	F.J.C.A.	MEDICARE	STATE W.H.		TOTAL EARNINGS					
								TOTAL DEDUCTIONS					
DATE PAID:		CHECK NO.								NET PAY			