WEEKLY TIME CARD

WEEK ENDING_____

NAME	DEPARTMENT	SHIFT	FILE NUMBER
EMPLOYEE NUMBER	SOCIAL SECURITY	NUMBER	PAYROLL CLASS

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR	OVERTIME

MON		
TUES		
WED		
THUR		
FRI		
SAT		
SUN		
TOTALS		

SIGNATURES

EMPLOYEE SIGNATURE	DATE	DEPARTMENT SUPERVISOR	DATE
SUPERVISOR SIGNATURE	DATE	PAYROLL DEPARTMENT	DATE