



TIMECARD SEMI-MONTHLY

Employee Name _____

Company _____

Pay Period Date _____ to _____

Date	WORK RECORD					DAILY TOTALS (FOR OFFICE USE ONLY)							
	Start	Stop	Start	Stop	Initial if breaks were taken	Reg Hrs	OT	DT	Vac	Sick	Holiday	**Misc.	
1st / 16th													
2nd / 17th													
3rd / 18th													
4th / 19th													
5th / 20th													
6th / 21st													
7th / 22nd													
8th / 23rd													
9th / 24th													
10th / 25th													
11th / 26th													
12th / 27th													
13th / 28th													
14th / 29th													
15th / 30th													
/ 31th													
TOTAL FOR THE WEEK WORKED						Reg Hrs	OT	DT	Vac	Sick	Holiday	Misc.	

I certify I have worked the hours listed and my breaks were taken. I have not had any work-related injuries or illnesses that I have not reported.

Employee Signature _____ Date _____

The undersigned certifies that the employee named herein worked the hours listed on this timecard, and authorizes Teamwork HR to pay the hours as listed.

Authorized Signature _____ Date _____
 Title _____

Meal & Rest Breaks

1. Rest breaks of not less than 10 consecutive minutes must be taken for every four hours worked, occurring as near as possible to the middle of the work period.
2. Rest breaks may not be combined or added to meal breaks. They may not be used to come in or leave 10 minutes early or late.
3. Employees must take a 30 minute meal break for every work period of more than five hours.
4. If six hours of work will complete the day's work, the employee may choose not to take the meal break.
5. A second meal break of no fewer than 30 minutes must be taken for all workdays consisting of more than 10 hours.