Weekly Time Card

Week Ending_____

Name	Department	Shift	File#
Employee #	Social Security #		Payroll Class

	Morning Hours		Afternoon Hours		Overtime Hours		Office Use Only	
	Time In	Time Out	Time In	Time Out	Time In	Time Out	Regula	Overtime
							r	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Totals								

Signatures

Employee	Date	Department Supervisor	Date
Supervisor	Date	Payroll Department	Date

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