

Please complete the Form on Pay day and submit to your manager to approve and submit.  
Sheets must be timely for payroll processing.

EMPLOYEES AND MANAGERS: PLEASE SIGN AT BOTTOM OF THE FORM

## Time Card

Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_

Employee #: \_\_\_\_\_  
File No. on top of paycheck stub

Please complete this form in 1/4 hour increments:

	Day	Date	Reg. Hours	Holiday	Sick	Vacation
<b>Week 1</b>	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
<b>Week 2</b>	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
		<b>TOTALS</b>				

Employee's Signature: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

CLICK TO CLEAR CONTENTS