



Week Ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YEAR)

Client Name: \_\_\_\_\_

Client Location: \_\_\_\_\_

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

Department or Job: \_\_\_\_\_

Employee SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Memo: \_\_\_\_\_

DAY:MONTH/DAY	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS	OFFICE USE ONLY
SUN:						
MON:						
TUE:						
WED:						
THU:						
FRI:						
SAT:						

By signing this timecard, I am certifying that the hours worked above are accurate, and authorize payment. Furthermore, I agree that any injury that may have occurred on the job has been reported to client and agency. Fraudulent submission may result in termination and/or prosecution.

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_