

# TIME CARD

NAME \_\_\_\_\_

BI-WEEKLY \_\_\_\_\_ TO \_\_\_\_\_

Please Print Legibly

	Date		Regular		Other Duties		Overtime	
	Month	Day	Hours	Minutes	Hours	Minutes	Hours	Minutes
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								

TOTALS								
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	Hours	O.T.	Account #	
	_____	_____	_____	Employee Name _____
	_____	_____	_____	Date _____
Total:	_____	_____	_____	Supervisor Initials _____

FOR OFFICE USE ONLY