

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	Regular	Overtime
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Totals								

Signatures

Employee	Date	Department Supervisor	Date
Supervisor	Date	Payroll Department	Date