

TIME CARD



P.O. BOX 1088 SAN JOSE, CA 95108-1088
 PH. (408) 435-9500 FAX (408) 435-9516
 EMAIL: PAYROLL@TRENDTEC.COM

EMPLOYEE NAME					
EMPLOYEE PHONE NUMBER					
CLIENT NAME					
WEEK ENDING					
MO.		DAY		YR.	
DAY	MONTH	TOTAL HOURS			CHECK SHIFT
		REG	OT	DT	
-	MO				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
-	TU				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
-	WE				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
-	TH				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
-	FR				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
-	SA				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
-	SU				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TOTAL HOURS WORKED HERE					DAY SWING GRAVE

EMPLOYEE SIGNATURE

Mischarging time and forgery is illegal and violators will be prosecuted to the full extent of the law.
 I hereby certify that I have worked the hours listed and have taken all meal and rest breaks for the above period on this time card.
 Employee certified no accident or injury was sustained while working on the assignment for the above time period.

SUPERVISOR'S SIGNATURE

DATE

SUPERVISOR'S NAME

PHONE NUMBER

ACCOUNTING DEPARTMENT REMARKS:

**COMPLETED TIME CARD MUST BE FAXED OR EMAILED TO
 OUR OFFICE BY MONDAY 5:00 PM**
 HAFF-1000-Time Card Rev. 05/07/12