

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

If you did not work leave blank. If you were out because you were sick write "SICK" on the day you are out with no hours.

I am requesting ____ hours of sick pay for this week, if qualified.

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. 12/04/2018