Timecard Instructions:

Please fill in your name, last four digits of your social security number, and fill in your time card to completion.

Your supervisor must receive this information on the final day of your pay period (15th & last day of the month), in order to deliver your paycheck on time.									
Employee Name			ss digits:						
Worksite Client:					Pay Period: 1st-15th / 16th- end of the month				
Date	Time In	Lunch Out	Lunch In	Time Out	BREAKS A/M P/M	Miles	Hours	ОТ	Location of work
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
					YES YES				
						-	-	-	
I CERTIFY THIS TIMEO	CARD IS TRUE AND	ACCURATE; I SUST	AINED NO INJUF	RIES DURING THIS	PAY PERIOD.				
Employee Signature:					Date:				FAX = 530-676-1912
Supervisor Signature:					Date:				email = pcl72@yahoo.com
* Any overtime or add	ditional hours mus	t be approved by a	Supervisor or S	ite Manager befor	e additional time				

^{*} Any overtime or additional hours must be approved by a Supervisor or Site Manager before additional time is worked. Additional time or overtime must be accompanied by a Supervisor or Site Managers signature.