

EMPLOYEE TIMECARD

Employee Name: _____ Red ID #: _____

Department: _____

Position Title: _____

Supervisor: _____ Pay Period Ending: _____

Record your missed punches, sign and return to your supervisor.

Date	Time In	Time Out	Locator	Reason
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
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	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		

By signing this timecard, I certify that the above-recorded time accurately and fully reflects the time that I worked during the designated pay period. I also certify that, during the above designated pay period, I was provided and I took all meal periods and rest periods to which I was entitled to take under law. If I disagree with any time entry or if I did not receive all of my meal and rest periods, I am aware that I am to contact my supervisor, manager, or Human Resources about any corrections.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Hours Entered by: _____ Date: _____