

[YOUR COMPANY NAME] -- DAILY TIME CARD

DATE	NAME: (PRINT)		HOURS WORKED	JOB NUMBER	(Optional) PAY TYPE	(Optional) SYMBOL	REMARKS <small>LIST CUSTOMER, BUILDING AND FLOOR</small>
	LAST	FIRST					
START TIME: _____ FINISH TIME: _____ _____ EMPLOYEE SIGNATURE			CIRCLE: CORRECT ANSWER: KEYS: LUNCH: INJURY: YES YES YES NO NO NO				

ALL INFORMATION MUST BE FILLED OUT COMPLETELY, OR THE TIMECARD WILL BE RETURNED TO YOU FOR CORRECTION.

[YOUR COMPANY NAME] -- DAILY TIME CARD

DATE	NAME: (PRINT)		HOURS WORKED	JOB NUMBER	(Optional) PAY TYPE	(Optional) SYMBOL	REMARKS <small>LIST CUSTOMER, BUILDING AND FLOOR</small>
	LAST	FIRST					
START TIME: _____ FINISH TIME: _____ _____ EMPLOYEE SIGNATURE			CIRCLE: CORRECT ANSWER: KEYS: LUNCH: INJURY: YES YES YES NO NO NO				

ALL INFORMATION MUST BE FILLED OUT COMPLETELY, OR THE TIMECARD WILL BE RETURNED TO YOU FOR CORRECTION.

[YOUR COMPANY NAME] -- DAILY TIME CARD

DATE	NAME: (PRINT)		HOURS WORKED	JOB NUMBER	(Optional) PAY TYPE	(Optional) SYMBOL	REMARKS <small>LIST CUSTOMER, BUILDING AND FLOOR</small>
	LAST	FIRST					
START TIME: _____ FINISH TIME: _____ _____ EMPLOYEE SIGNATURE			CIRCLE: CORRECT ANSWER: KEYS: LUNCH: INJURY: YES YES YES NO NO NO				

ALL INFORMATION MUST BE FILLED OUT COMPLETELY, OR THE TIMECARD WILL BE RETURNED TO YOU FOR CORRECTION.