

OH



Employee Name _____

Contractor | Client _____ Week Ending _____

Job Name _____ Job # _____

Job Site Address _____ City _____ State _____

Not filling out your time card **PROPERLY** may delay your paycheck

Time Card	Start Time	Lunch Out	Lunch IN	End Of Work Day	Total Hours	Total OT	Supervisor Initials
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Weekly Hours							

Due by Sunday for payroll processing
Send to timecard@skilledworkforce.com

Turning in fraudulent time card is against the law. Offenders will be prosecuted to the fullest extent of the law

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