

NAME OF EMPLOYEE: _____

WORK WEEK: _____

NOTE: turn in to Judy Pieper

DATE:	DAY:	HOURS WORKED:	# REGULAR HOURS	#OVERTIME HOURS	ABSENCE SLIP
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
Employee Signature:			TOTAL HOURS		

EMPLOYEE'S WEEKLY TIME CARD

NAME OF EMPLOYEE: _____

WORK WEEK: _____

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	Monday				
	Tuesday				
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