

EMPLOYEE SSN

Form for Employee SSN with hyphens

LAST NAME, FIRST

Form for Last Name, First

COMPANY NAME

Form for Company Name



Table with columns: Date, Time IN, Time OUT, Less Lunch, Hours Worked. Rows for SUN., MON., TUE., WED., THUR., FRI., SAT.

REGULAR TOTAL _____ OVERTIME TOTAL _____

Customer / Employer Remarks _____

Three horizontal lines for Customer / Employer Remarks

Employee Signature

Horizontal line for Employee Signature

Customer Signature

Horizontal line for Customer Signature

CUSTOMER AND EMPLOYEE EACH CERTIFY THAT THE ABOVE HOURS ARE CORRECT AND AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE.

WHITE: OFFICE COPY YELLOW: EMPLOYEE COPY PINK: CUSTOMER COPY