

CONSTRUCTION TIMECARD

915 Mistletoe Lane, Redding, CA 96002 Phone (530) 223-4674 Fax (530) 223-7715

Employee Name _____ Pay Period Date _____ to _____

Company _____

WORK RECORD

DAILY TOTALS (FOR OFFICE USE ONLY)

Date	Job #/Name - W/C Code	Start	Stop	Start	Stop	Initial if breaks were taken	Reg Hours	OT	DT	Vac	Sick	**Misc.
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

Reg Hours OT DT Vac Sick Misc.

TOTAL FOR THE WEEK WORKED						
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I certify I have worked the hours listed and my breaks were taken. I have not had any work-related injuries or illnesses that I have not reported.

Employee Signature _____ Date _____

The undersigned certifies that the employee named herein worked the hours listed on this timecard, and authorizes Teamwork HR to pay the hours as listed.

Authorized Signature _____ Date _____