

# TIME CARD

Name \_\_\_\_\_ Acc. No. \_\_\_\_\_

Department \_\_\_\_\_

Month \_\_\_\_\_

Date	Type of Work	A.M.			P.M.			Signature	Remarks
		IN	OUT	Total	IN	OUT	Total		
26									
27									
28									
29									
30									
31									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

Rate per hour \$ \_\_\_\_\_

Grand total hours \_\_\_\_\_

I certify that the hours worked are correct.

Total Wages \$ \_\_\_\_\_

Dept. Head \_\_\_\_\_

Tithe \$ \_\_\_\_\_