Weekly Time Card

H R Ledger
HUMAN RESOURCE ACCOUNTING

Name: _____ Employer: _____

Employee Number: _____ Week Ending (Date) _____

Division: _____ Department _____

Day of the Week	In	Out	In	Out	Regular	Overtime Hours	Other	Notes*
				Weekly Totals				

* provide reasons for "No Hours Work"

I hereby certify that the above is an accurate record of time worked during this period.

EMPLOYEE SIGNATURE _____

To the best of my knowledge the above record is correct.

SUPERVISOR SIGNATURE _____

Because of the requirements of Federal and State Laws, it is imperative that this record be filled in completely and accurately. Under no circumstances must time worked be unrecorded.

Weekly.pdf (Rev.10/04)

(800) 451-1136
(800) 451-1137 fax
www.hrledger.com

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