

Employee Time Card

[Company Name]

[Company Address]

[Company Phone Number]

Employee Name:

Supervisor Name:

Week of:

Day	Date	Project/ Task Description	Start Time	Finish Time	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK:					

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____