

# Employee Time Card

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[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: \_\_\_\_\_