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ESI Resource Management
talent acquisition specialists

Group Time Card

Toll Free (877) 695-1204
Fax (877) 695-1202
Must be returned Monday by 5 pm EST

CUSTOMER	* CUSTOMER SIGNATURE/TITLE
JOB SITE	DATES (MONDAY-SUNDAY)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY			*EMPLOYEE AUTHORIZATION
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	REGULAR		I have o /have not o sustained a work related injury during the cumulative time period reported on this record.
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.	Employee Signature
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL			
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	REGULAR		I have o /have not o sustained a work related injury during the cumulative time period reported on this record.
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.	Employee Signature
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL			
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	REGULAR		I have o /have not o sustained a work related injury during the cumulative time period reported on this record.
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.	Employee Signature
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL			
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	REGULAR		I have o /have not o sustained a work related injury during the cumulative time period reported on this record.
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.	Employee Signature
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL			
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	REGULAR		I have o /have not o sustained a work related injury during the cumulative time period reported on this record.
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.	Employee Signature
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL			
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	REGULAR		I have o /have not o sustained a work related injury during the cumulative time period reported on this record.
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.	Employee Signature
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL			
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	REGULAR		I have o /have not o sustained a work related injury during the cumulative time period reported on this record.
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH			
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.	Employee Signature
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL			

* CUSTOMER & EMPLOYEE AGREE TO TERMS AND CONDITIONS ON REVERSE SIDE

*TOTAL HOURS NEAREST 1/4 HR.