

Group Time Card

Toll Free (877) 695-1204

Fax (877) 695-1202

Must be returned Monday by 5 pm EST

CUSTOMER		JOB SITE							*CUSTOMER SIGNATURE/TITLE	
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	IN	REGULAR	I have <input type="checkbox"/> /have not <input type="checkbox"/> sustained a work related injury during the cumulative time period reported on this record. Employee Signature
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
EMPLOYEE NAME & SS #	IN	IN	IN	IN	IN	IN	IN	IN	REGULAR	I have <input type="checkbox"/> /have not <input type="checkbox"/> sustained a work related injury during the cumulative time period reported on this record. Employee Signature
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
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	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
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	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
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	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
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	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
JOB #	OUT	OUT	OUT	OUT	OUT	OUT	OUT	OUT	O.T.	D.T.
PERDIEM	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL

* CUSTOMER & EMPLOYEE AGREE TO TERMS AND CONDITIONS ON REVERSE SIDE *TOTAL HOURS NEAREST 1/4 HR.