



(951) 683-3753 • Fax (951) 784-2352

YOUR NAME _____

COMPANY NAME _____

Employee Signature _____

Client Signature _____

Your Signature indicates acceptance of the terms and conditions on the reverse side.

W/E _____

	DATE	TIME STARTED	AM PM	LUNCH BREAK FROM	TO	TIME FINISHED	AM PM	TOT. DAILY HR. ST	OT
SUN									
MON									
TUES									
WED									
THURS									
FRI									
SAT									

Total Straight Time Hours _____

Total Overtime Hours _____

TOTAL HOURS _____

White - Original

Yellow - Employee

Pink - Client



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