Weekly Time Card Daily Report

1130 W. Trenton Ave.
Orange, CA 92867
(714) 520-1808 Phone
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Name: _____ **Week Ending:** _____

Day: SU - M - T - W - TH - F - SA

Job Name: _____ **Date:** _____

Job #	Company Name	Total S.T.	Total O.T	Total D.T	Areas Worked	Work Description & Material Used

Remarks:

% Complete:

TIME CARD	Time In	Lunch Out	Lunch In	Time Out	Total S.T.	Total O.T	Total D.T	WC Code
								5474 / 5482

My signature below certifies that these are my true and correct hours of employment for the stated period and that I have NOT had a job related injury. I also certify that I took my required lunch if I worked more than 5 hours per day and my breaks. I understand that if my timecardis not filled out completely, it will not be processed until I do so. I completed this timecard myself.

Employee Signature: _____ **Field Supervisor's Signature:** _____

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