



Name	
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Daily Time Record

	Start Time		Lunch Out		Lunch In		Finish Time		Daily Total		
	Hour	Min	Hour	Min	Hour	Min	Hour	Min	Hours	Mins	
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Employee Signature								TOTAL TIME			

I certify that these hours are correct. I understand hours will be verified by the customer.

Week Ending Sunday			
	Month	Day	Year

Assignment Number		
	ID	Number

Company Name						
City/State						
Total Time Summary	Round to the nearest 15 minutes	Straight Time			Overtime	
		Hours	Minutes		Hours	Minutes
Customer Verification and Signature		I certify the above hours are correct and authorize payment.				
		X				

Please fax signed time card to 214-550-6123