

Please
Print Clearly!

INTEGRITY INC.
Time Card

Staff Name _____ Title _____

Week Of _____ Client Name _____

Date	Day	IN	Out	IN	Out	IN	Out	Office Use
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							

Employee Signature _____

Supervisor Signature _____

Total Regular Hours _____

1. If you must make a change, draw a single line through the error and initial beside the change.
2. When you sign this form you are signifying that this is your official time.
3. When your supervisor signs this form they are attesting that this is your Official time.
4. This form is not official in the business office until it is signed by both the employee and supervisor.

Training

Instructor

Date
