

# Dr. Stucco, Inc. Time Card

Employee Name: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Monday	IN:	OUT:	Job Address:	Work performed:	Hrs:
Tuesday	IN:	OUT:	Job Address:	Work performed:	Hrs:
Wednesday	IN:	OUT:	Job Address:	Work performed:	Hrs:
Thursday	IN:	OUT:	Job Address:	Work performed:	Hrs:
Friday	IN:	OUT:	Job Address:	Work performed:	Hrs:
Sat/Sun	IN:	OUT:	Job Address:	Work performed:	Hrs:
Notes:				<b>TOTAL regular hours:</b>	
				<b>TOTAL overtime hours:</b>	