



800-657-7022  
www.staffco.com

Your Name (Please Print)																
SS#													Week Ending	Mo	Day	Yr

DATE	MON		TUE		WED		THURS		FRI		SAT		SUN	
	Hrs	Min	Hrs	Min	Hrs	Min	Hrs	Min	Hrs	Min	Hrs	Min	Hrs	Min
	TIME IN													
LUNCH OUT														
LUNCH IN														
TIME OUT														
TOTAL STR TIME														

STRAIGHT TIME	
Hrs	Min
(Hours to 40)	

OVERTIME	
Hrs	Min
(Hours over 40)	

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
COMPANY NAME