

ASP/Camp/Nature Center Time Card

NAME:

Week #1 Dates	Times	Description
Saturday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Sunday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Monday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Tuesday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Wednesday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Thursday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Friday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____

The above time reporting is correct and by signing below, I attest to the accuracy of this reporting and there have been no unreported workers' compensation claims. My signature also acknowledges that I was authorized and permitted to take breaks in accordance with wage and hour law.

Employee Signature:

Continued to Week 2 of Time Card →

ASP/Camp/Nature Center Time Card

NAME:

Week #2 Dates	Times	Description
Saturday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Sunday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Monday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Tuesday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Wednesday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Thursday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____
Friday Date: _____ _____ (m)/(d)/(y)	IN _____ OUT _____ _____ IN _____ OUT _____ _____ IN _____ OUT _____	_____ _____ _____ _____ _____ _____ _____ _____

The above time reporting is correct and by signing below, I attest to the accuracy of this reporting and there have been no unreported workers' compensation claims. My signature also acknowledges that I was authorized and permitted to take breaks in accordance with wage and hour law.

Employee Signature:

(office use only)

Total hours for pay period: