

# ACCOUNTABILITIES, INC.

## Weekly Time Card

REPORT ALL TIME TO THE NEAREST 1/4 HOUR LUNCH TIME MUST BE SHOWN						
	DATE WORKED	TIME START	TIME FINISH	LESS LUNCH	REG. HOURS	O.T. HOURS
MON.	---					
TUE.	---					
WED.	---					
THU.	---					
FRI.	---					
SAT.	---					
SUN.	---					
IMPORTANT: ARE YOU RETURNING? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAIL CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO		REG. HOURS	O.T. HOURS	
CUSTOMER MUST INITIAL ALL OVERTIME						

**YOUR NAME**

(Please Print)

SOCIAL SECURITY #

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WEEK ENDING SUNDAY

COMPANY NAME (CUSTOMER)

DEPT.

SUPERVISOR

TERMS AND CONDITIONS: The customer certifies that the total hours shown are correct; that the services of this employee were performed satisfactorily; that the undersigned agrees each overtime hour shown will be billed at 1 1/2 hours. The undersigned customer verifies acceptance of terms and conditions on reverse.

CUSTOMER'S AUTHORIZED SIGNATURE

*I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET*

(EMPLOYEE MUST SIGN HERE)

X

LEAVE TOP COPY WITH CUSTOMER

ACCOUNTABILITIES, INC.