



Odyssey Associates

EMPLOYEE TIME CARD INTERNAL

NAME OF EMPLOYEE: _____

NAME OF COMPANY: _____

WORK LOCATION / LOCATIONS: _____

IF MULTIPLE LOCATIONS, INDICATE IN LOCATION COLUMN

PAY PERIOD FROM: ____ / ____ / ____ TO: ____ / ____ / ____

DATE	DAY	IN	OUT	IN	OUT	TOTAL	LOC
	MON						
	TUES						
	WED						
	THUR						
	FRI						
	SAT						
	SUN						
	WEEKLY TOTAL BY LOCATION						
	WEEKLY TOTAL BY LOCATION						

TOTAL REGULAR TIME _____ TOTAL OVERTIME _____ PTO _____ HOLIDAY _____

I CERTIFY THAT I, HAVE / HAVE NOT (Circle one) , HAD AN ON THE JOB INJURY FOR THIS PAY PERIOD AND THESE HOURS ARE TRUE AND CORRECT

EMPLOYEE SIGNATURE _____ DATE _____

MANAGEMENT SIGNATURE _____ DATE _____

SUPERVISOR OR MANAGER: IF THE EMPLOYEE WAS ABSENT OR LATE, STATE THE REASON AND THE ACTION TAKEN.
