WEEKLY TIME CARD

_____
EMPLOYEE'S NAME

_____
ADDRESS

_____

_____
SOCIAL SECURITY NO.

_____
SIGNATURE

WEEK
ENDING _____

NUMBER OF DEPENDANTS

EARNINGS		AMOUNT
REGULAR HOURS @		
OVERTIME HOURS @		
GROSS EARNINGS $		
DEDUCTIONS		
SOCIAL SECURITY		
FED TAX		
STATE TAX		
MEDICAL		
INSURANCE		
TOTAL DEDUCTIONS $		
NET EARNINGS $		

CHECK NO. _____

DATE _____

ABOVE SECTION MAY BE USED TO LIST
MATERIALS MISC. EXPENSES SUNDAY WORK. ETC

NAME				WEEK ENDING				WEEKLY TOTAL		
JOB NAME OR NO.	REG. HOURS	OVER- TIME		JOB NAME OR NO.	REG. HOURS	OVER- TIME		JOB NAME OR NO.	REG. HOURS	OVER- TIME
DATE	MONDAY TOTAL			DATE	WEDNESDAY TOTAL			DATE	FRIDAY TOTAL	
DATE	TUESDAY TOTAL			DATE	THURSDAY TOTAL			DATE	SATURDAY TOTAL	