



1063 W. HILL ROAD, STE C • FLINT, MI 48507 • PHONE (810) 407-6713 • FAX (810) 407-6795

**WEEKLY TIME RECORD**

|   |
|---|
| <p><b>EMPLOYEE</b></p> <p>The hours below were worked by me for the week ending designated.<br/>         I understand this timecard must be approved and signed by a customer's representative for my paycheck to be issued.</p> <p style="text-align: right;">             _____<br/>             Signature <span style="margin-left: 200px;">Date</span> </p> |
|---|

EMPLOYEE NAME (PLEASE PRINT) \_\_\_\_\_

WEEK ENDING \_\_\_\_ / \_\_\_\_

|           | In | Out | In | Out | Regular Hours | Overtime Hours | Total |
|-----------|----|-----|----|-----|---------------|----------------|-------|
| Monday    |    |     |    |     |               |                |       |
| Tuesday   |    |     |    |     |               |                |       |
| Wednesday |    |     |    |     |               |                |       |
| Thursday  |    |     |    |     |               |                |       |
| Friday    |    |     |    |     |               |                |       |
| Saturday  |    |     |    |     |               |                |       |
| Sunday    |    |     |    |     |               |                |       |
|           |    |     |    |     | <b>Total</b>  |                |       |

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FAX SIGNED TIMECARDS TO UNIFIED STAFFING AT (810) 407-6795**