

SEMI-MONTHLY TIMECARD



Employee Name _____

Pay Period **1ST-15TH**

16TH-30TH/31ST

DAY	DATE	START	LUNCH (START & END)	END
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Submit to corporate office every 1st and 16th of the month.

Failure to send by these dates may result in disciplinary action and delays to the processing of your paycheck.

By signing this acknowledgment, I am acknowledging that I have accurately recorded all of my hours worked for this pay period. I am also acknowledging that I have been provided the opportunity to take my 30 minute meal period(s) and 10 min rest period(s) according to company policy and procedures and that I have, in fact, taken these breaks. During this pay period, I did not suffer, report or witness any work related injury.

Manager Signature _____ Date _____

Employee Signature _____ Date _____