



Week Ending \_\_\_ / \_\_\_ / \_\_\_

SF106265

Office: 1.866.581.8989

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**ALL TIMECARDS DUE BY 5 P.M. SUNDAY FOR PREVIOUS WEEK**

Employee Name \_\_\_\_\_

Contractor \_\_\_\_\_

Jobsite Name \_\_\_\_\_

Jobsite Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date	Time In	Lunch Out	Lunch In	Time Out	Supervisors Initials	Regular Hours	Overtime Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
<b>Total Hours</b>							

Employee Performance Rating (supervisor circle one): 1 2 3 4 5 6 7 8 9 10

**SUPERVISOR'S SIGNATURE REQUIRED** \_\_\_\_\_

Additional Comments \_\_\_\_\_

Job# (Office Use Only)

Skillforce (White Copy) • Customer (Yellow Copy) • Employee (Pink Copy)