# Cody Staffing

3100 Main Street
Vancouver, WA 98663
(360) 718-7443 Fax (360) 718-7742

# TIMECARD

For Week Ending:_____

X_____
AUTHORIZED SIGNATURE

DATE

| EMPLOYEE NAME (Print last name & first name) / SOCIAL SECURITY NO. | MONDAY | | | TUESDAY | | | WEDNESDAY | | | THURSDAY | | | FRIDAY | | | SATURDAY | | | SUNDAY | | | Weekly Total Hours |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Time In / Time Out | LUNCH | Total Hours | Time In / Time Out | LUNCH | Total Hours | Time In / Time Out | LUNCH | Total Hours | Time In / Time Out | LUNCH | Total Hours | Time In / Time Out | LUNCH | Total Hours | Time In / Time Out | LUNCH | Total Hours | Time In / Time Out | LUNCH | Total Hours | |
| 1. | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | |