TIMECARD- Exempt

<POSITION NAME>

NAME:				
WEEK OF:		то		REGION:
SITE:				
	 S - Sick H - Holiday V - Vacation P - Personal J - Jury 	A C T I V I T Y	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 -	
I.				

DAY	DATE	S	Η	V	Ρ	J	1	2	3	4	5	6	7	8	TOTAL
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															
Total															
		S	Н	V	Ρ	J	1	2	3	4	5	6	7	8	
To the best of my knowledge I certify that this timecard is accurate and complete. I understand that false information on this timecard is reason for dismissal.															
Employee:					s	Supervisor:									