



AMERICAN WORKFORCE GROUP, INC.

EMPLOYEE NAME:

COMPANY:

DATE	START TIME	LUNCH OUT	LUNCH IN	END TIME	TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

WEEKLY TOTAL:

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

**** DUE MONDAY AT 9 AM WITH SUPERVISOR SIGNATURE! ****

Text: Clark 360.703.9572 | Cowlitz 360.200.4900 | Pierce 253.559.0070 | Thurston 360.338.6900
Email: timecards@americanworkforcegroup.com