



Week Ending ____ / ____ / ____

SF188419

Office: 1.866.581.8989

Fax: 1.866.581.1644

Fax: 1.410.335.9888

E-Mail: timecard@skillforce.com

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							
Total Hours							

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)