Weekly Time Card

Week Ending:

Name:

Centre:

Shift:

Re	Morning Hours		Afternoon Hours		Overtime		Office Use Only	
	Time in	Time Out	Time in	Time Out	Time in	Time Out	Regular	Overtime
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Totals								

Employee's Signature:

Date:

Supervisor's Signature:

Date:

1300 555 222

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222 Wandoo St Brisbane 4000