



KTBLACK SERVICES

Hourly Time Card

WT Department Head: _____

WT Department Name: _____

Employee Name: _____

Week ending is every Sunday. Timecards must be submitted by 5:00pm on MONDAY following the week end.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Time In:							
Time Out:							
Time In:							
Time Out:							
Total Hours:							
Supervisor Initials:							

Date: _____

Supervisor's Name: _____

Supervisor's Signature: _____