

GRIFFITH'S INC BI-WEEKLY TIME CARD

This form must be received in payroll no later than **Tuesday** following the end of payroll period.
If form is not received on time, check will not be processed until the next payroll period.

PRINT NAME: _____ NUMBER _____

FOR PAYROLL PERIOD BEGINNING: ____/____/____ AND ENDING ____/____/____



FIRST WEEK	TIME IN	TIME OUT	TOTAL HOURS	DUTY	SECOND WEEK	TIME IN	TIME OUT	TOTAL HOURS	DUTY
Date _____ MONDAY					Date _____ MONDAY				
Date _____ TUESDAY					Date _____ TUESDAY				
Date _____ WEDNESDAY					Date _____ WEDNESDAY				
Date _____ THURSDAY					Date _____ THURSDAY				
Date _____ FRIDAY					Date _____ FRIDAY				
Date _____ SATURDAY					Date _____ SATURDAY				
Date _____ SUNDAY					Date _____ SUNDAY				
TOTAL HOURS, FIRST WEEK					TOTAL HOURS, SECOND WEEK				

TOTAL HOURS BOTH WEEKS: _____

I hereby certify that the above is a true and correct statement of the hours I have worked:

(Signature of employee)

Checked by: _____, Supervisor

Approved for payment by: _____

DO NOT WRITE IN THIS AREA - PAYROLL OFFICE USE ONLY

REGULAR HOURS	_____	@	\$.	=	\$.
OVERTIME HOURS	_____	@	\$.	=	\$.
TRAINING HOURS	_____	@	\$.	=	\$.
OTHER (list)	_____	@	\$.	=	\$.
	_____	@	\$.	=	\$.
	_____	@	\$.	=	\$.
	_____	@	\$.	=	\$.

TOTAL # HOURS _____ GROSS PAY \$ _____