

101 Gibraltar Drive, Morris Plains, NJ 07950 Tel: (973) 490-7000

Time Card for Faxing or Scanning & Emailing

1. Fax to	(1973) 490-195 and email to:	7, or	EngineeringF					
Time car	d for week er	nding Sunday	(date):	mm/do	d/yy			
Employee name: Job Title:					E	mployee # :		
Company # : Company Name: Company City / State:								
Company	City / State.							
		Hours to the nearest 15 mir			nutes (write in 1/4 or .25) TOTAL HOURS			
Day	Date	Start	Finish	(Lunch)		Regular		Overtime
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
		Total Hours	s for Week			Regular		Overtime
TOTAL HOURS								
Employee: I certify that the hours shown represent the total hours worked this week by me, and that the hours were properly verified and approved by my authorized supervisor.								
Employee Signature: X								
correct a	nd that the wo	rk was comple	at you are in ac eted in a satisfa our company.	actory mann				
Supervis	sor Name (ple	ase print):					i	
Supervis	or Title:						-	
Supervisor Signature:			X					