

Davis, Inc
325 Donald J. Lynch Blvd
Marlboro, MA 01752
508-481-9500
508-481-8519 Fax

Hold Mail
 GA Cherry Hill
 Nashua Vineland

/ /
Week Ending

Employee Name (Print)

Employee Signature

Last 4 digits of S.S. #

DUE BY MONDAY 12 NOON

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the customer.

Day	Month/Date	Time In	Time Out	Less Lunch	Total Hrs.
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					
Entered		Copied	DBL	O/T Hours	Reg. Hours

CUSTOMER AUTHORIZATION

Cross out any days not worked by employee. Approval includes verifications of hours worked & acceptance of terms and conditions on back. Terms: PAYABLE UPON RECEIPT

X _____
 please print _____

Customer Name: _____
Address: _____

Phone #: _____

OFFICE COPY

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01/14/12
Week Ending

The week ending date is the Saturday that ends the work

Employee Name (Print)
 John Smith

Employee Signature
John Smith

last 4 digits of S.S. #
 9999

Please **neatly** write and sign your name and include the last 4 digits of your Social Security number here.

DUE BY MONDAY 12 NOON

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the customer.

O/T (Overtime) is authorized after an employee has worked over 40 hours in a week. Please enter those hours into the O/T Hours box

O/T Hours are paid at time and a half (1.5 times your normal rate of pay). You can only work overtime hours if your manager has pre-approved this. Please check with your manager before working over 40 hours in one week.

Day	Month/Date	Time In	Time Out	Less Lunch	Total Hrs.
SUN	1/8/12				
MON	1/9/12	7:30	4:30	0.30	8.00
TUE	1/10/12	9am	5:30	0.30	8.00
WED	1/11/12	7am	3:30	0.30	8.00
THU	1/12/12	8am	4:30	0.30	8.00
FRI	1/13/12	8am	4:30	0.30	8.00
SAT	1/14/12				

Entered	Copied	DBL	O/T Hours	Reg. Hours
				40.00

CUSTOMER AUTHORIZATION

Cross out any days not worked by employee. Approval includes verifications of hours worked & acceptance of terms and conditions on back. Terms: PAYABLE UPON RECEIPT

It is imperative that your manager signs your timecard and that you include at least the company name on your timecard! We cannot process your timecard without this information.

X **MANAGER'S SIGNATURE**

please print **MANAGER'S NAME**

One last tip - Please remember to make your timecard **legible**. Please write **neatly** so we can read and process your timecard correctly and timely.

Customer Name: **COMPANY NAME**

Address: _____

Phone #: _____

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