



Columbus / West Point / Starkville

P.O. Box 828 • Columbus, MS 39703

Phone: 662-328-1042 • Fax: 662-329-1017

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

WEEK ENDING ____/____/____

ENTER DATES							
	SUN	MON	TUES	WED	THURS	FRI	SAT
TIME IN							
LUNCH OUT							
LUNCH IN							
TIME OUT							
TOTAL TIME							

STRAIGHT TIME	OVER TIME
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COMPANY NAME _____

X SUPERVISOR'S SIGNATURE AUTHORIZES PAYMENT

EMPLOYEE CERTIFIES THAT NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNMENT UNLESS SO NOTED IN THE COMMENTS SECTION BELOW.

Comments: _____

EMPLOYEE SIGNATURE _____ DATE _____