

R & D TECHNICAL SERVICES, INC.

Incomplete or altered time cards will not be accepted.

Phone: (408) 970-8600

Fax: (408) 496-1827

WEEKLY TIME RECORD

Returning to Assignment: Yes _____ No _____

Employee Name: _____

Home #: _____

Client Name: _____

Work #: _____

Week Ending Date: _____

Day	Date	In	Out	In	Out	Regular Hours	Over Time Hours	Double Time Hours	Total Hours
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
TOTAL									

Employee Signature: _____

Approved By Client: _____

This form must be filed out completely and returned to R & D Technical Services Inc.'s Payroll Department to arrive no later than Monday following this pay period.

RETURN TO R&D TECHNICAL SERVICES