

TRADE Management

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Last 4 digits of SS # _____

Week Ending _____ 20__

Employee Name _____ Job# _____

Contractor Name _____

Job Name _____

Job Address _____

City _____ State _____ Zip _____

*****TIMECARDS ARE DUE MONDAY BY 2PM*****

Date	Time In	Start Lunch	Finish Lunch	Time Out	Supervisor Initials	Regular Hours	Overtime Hours
Mon _____							
Tues _____							
Wed _____							
Thur _____							
Fri _____							
Sat _____							
Sun _____							

BE SAFE

Mileage _____ X _____ = _____
of miles pay per / mile Total

Per Diem _____ X _____ = _____
of days amount Total

Rating by Supervisor

- 1**
Poor
- 2**
Needs work
- 3**
Acceptable
- 4**
Very good
- 5**
Excellent

Supervisor's Initials

Comments _____

- I **have not** sustained a work related injury for this pay period.
- I **have** sustained a work related injury for this pay period, on (date): _____

Employee's Signature _____

Supervisor's Signature _____