

Employee Name _____

Company _____

Pay Period Date _____ to _____

WORK RECORD

DAILY TOTALS (FOR OFFICE USE ONLY)

Date	Start	Stop	Start	Stop	Total	Reg Hrs	OT	DT
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

TOTAL FOR THE WEEK WORKED		Reg Hrs	OT	DT
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By signing my name, I certify to the following: (1) I have accurately reported my time worked, (2) I was provided an opportunity to take my required uninterrupted, duty-free rest breaks and meal periods of at least 30 minutes (or if not permitted, recorded it and reported it to a supervisor), (3) I have not had any work-related injuries or illnesses that I have not reported to O2 Staffing.

Employee Signature _____

Date _____

The undersigned certifies that the employee named herein worked the hours listed on this timecard, and authorizes O2 Staffing to pay the hours as listed.

Authorized Signature _____

Date _____

Title _____