

# Cardinal Services, Inc.

Email: payroll@cardinalservices.com | Fax: 877.994.6877

Company Name:
Employee Name:

Week Ending:
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WEEK DAY	DATE	IN	LUNCH DURATION	OUT	REGULAR HOURS	OVERTIME HOURS	HOLIDAY HOURS	VACATION HOURS	SICK HOURS
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
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Wednesday									
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Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									

**TOTALS**

**IMPORTANT FOR EMPLOYEE:** I hereby certify that the information on this form is true and accurate. I hereby certify that I have not had a job related injury or illness during this pay period, and I have received all required meal and rest breaks.

**DISCLAIMER:** Cardinal Services cannot provide legal or tax advice. The employer is responsible for complying with all laws, rules, and executive orders at the federal, state and local level. These laws, rules, and executive orders can change rapidly and the employer is responsible for keeping up to date with these changes and the required implementation of any changes. Any form, template or other HR product is intended to be a generic template. Note that employer may be required to comply with aspects of employment law not generally envisioned for most employers.

Employee Signature:
Supervisor Signature:

Date:
Date: