SEMI MONTHLY TIME CARD

(Payable 15th or Last day of the month)

NAME: _____ *Last* *First*	**ACCOUNT #:**
EMPLOYEE #:	**APPROVAL:**

WEEK COVERING:	**MON**	**TUE**	**WED**	**THU**	**FRI**	**SAT**	**SUN**	**TOTAL**
DATE →								
HOURS →								

Cut along the line

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