PLEASE COMPLETE ENTIRE FORM AND PRINT LEGIBLY

USD MANUAL TIME CARD

USD I.D. NO.	DEPT. NAME	SOCIAL SEC.NO. (OPTIONAL)	LAST NAME	FIRST NAME	M.I.	SORT	JOB CODE	PERIOD ENDING

	MON	TUE	WED	THU	FRI	SAT	SUN		MON	TUE	WED	THU	FRI	SAT	SUN	
DATE																RECAP HOURS
IN																
OUT																
IN								TOTAL FOR WEEK								TOTAL FOR WEEK
OUT																
TOTAL																

REG : _____

OT : _____

DT : _____

VAC : _____

SICK : _____

HOLIDAY : _____

_____ : _____

EMPLOYEE SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____

P : _____ O : _____ E : _____ T : _____ S : _____

RT : _____

PAYROLL USE ONLY

USD - P/R (9/03)