New Employee

A.S.E.S. EMPLOYEE TIME CARD

Week of _____ to _____

Permanent Employees ONLY

Note: If you worked more than 5 hours during regular day, contact the ASES Office As Soon As Possible.

Date		Monday			Tuesday			Wednesday			Thursday			Friday			Total Hours for Work Week	Employee Signature By signing below, I agree that the following hours reported (Daily Times & Total Hours) are correct.	D.S
Employee	Position	Time In	Time Out	Hours Worked	Time In	Time Out	Hours Worked	Time In	Time Out	Hours Worked	Time In	Time Out	Hours Worked	Time In	Time Out	Hours Worked			

By signing below, I agree that the following hours reported (Daily Times & Total Hours) are correct.

Supervisor Signature _____