

TIMECARD

2381 ZANKER ROAD SUITE 140, SAN JOSE CA 95131 P.O. BOX 1088 SAN JOSE, CA 95108-1088
 PH: (408) 435-9500 FAX: (408) 435-9516 EMAIL: PAYROLL@TRENDTEC.COM
 WWW.TRENDTEC.COM



	MON	TUES	WED	THURS	FRI	SAT	SUN		EMPLOYEE NAME (PRINT)	
DATE								Total Hours	CLIENT NAME	
START TIME									EMPLOYEE phone number	
LUNCH OUT										
LUNCH IN										
FINISH TIME									EMPLOYEE'S SIGNATURE	
									DATE	
STRAIGHT TIME										
OVER TIME									CLIENT SUPERVISOR SIGNATURE	
DOUBLE TIME									DATE	
									CLIENT SUPERVISOR NAME	
									PHONE NUMBER	
									NOTE TO EMPLOYEE: HOURS MUST BE SUBMITTED TO TRENDTEC PAYROLL NO LATER THAN 5:00 P.M. ON MONDAY BY FAX (408) 435-9512 OR EMAIL. PAYROLL@TRENDTEC.COM (408) 435-9500 EXT:3341 or 3323 or 3334	

Check Shift Check Shift Check Shift Check Shift Check Shift Check Shift Check Shift

Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I received all meal and rest breaks as required by Trendtec's policy during this time period ____ Yes ____ No

If not, I understand that I need to inform my manager.

I certify that I had no accidents or injuries sustained while working on the assignment for the above time period.

I certify that the times reported above are true and accurate and that I did not work any other time for Trendtec, except as listed above. I understand that falsifying records will lead to my termination and prosecution to the fullest extent of the law.

"If you are requesting sick pay when you were out, please write "SICK" on the day you are out with no hours." I'm requesting ____ hours of sick pay for this week, if qualified.

P/TTI Timecard Rev. 10/2024