Member NKBA™

TIME CARD

Name			Date								Week Ending:		
Job No.	**Job Name**	**Description of Work**	**Category No.**	**S**	**M**	**T**	**W**	**T**	**F**	**S**	**Total Hours**	**Rate**	**Total Earnings**
			TOTAL REGULAR TIME										
			TOTAL OVERTIME										
												TOTAL GROSS EARNINGS	0

TIME & JOBS CORRECT	PAYROLL DEDUCTIONS					
	FICA	FED. INC. TAX	STATE TAX	HEALTH INS.	OTHER	
Employee						
						TOTAL NET EARNINGS
Foreman						

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