

# Time Card

Phone: 541-207-3212  
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Address: BlueSun, Inc  
 PO Box 927  
 Corvallis, Or 97339

Employee: \_\_\_\_\_  
 Employee phone: \_\_\_\_\_  
 Employee e-mail: \_\_\_\_\_  
  
 Week ending: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Manager: \_\_\_\_\_  
 Manager phone: \_\_\_\_\_  
 Manager e-mail: \_\_\_\_\_

Day	Date	Time In	Lunch Out	Lunch In	Time Out	Regular Hours	Overtime	PTO	Total
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
<b>Total hours</b>									

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Manager signature \_\_\_\_\_ Date \_\_\_\_\_

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

