

# PKT ENTERPRISES

## Bi-Weekly Time Card

Employee Name: \_\_\_\_\_ Site/IHS: \_\_\_\_\_ Pay Period: \_\_\_\_\_ to \_\_\_\_\_

*EACH EMPLOYEE MUST FILL OUT, SIGN, AND DATE THEIR OWN TIME CARD.*

### WEEK #1

POSITION	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Admin/Trainer/QMRP								
LSI								
LSI								
LSI								
Sleep-Over								
Holiday (# hrs.)								
PTO (list shift)								
Training (desc. on back)								

WEEKLY TOTAL
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### WEEK #2

POSITION	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Admin/Trainer/QMRP								
LSI								
LSI								
LSI								
Sleep-Over								
Holiday (# hrs.)								
PTO (list shift)								
Training (desc. on back)								

WEEKLY TOTAL
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Employee  
Signature \_\_\_\_\_

**BI-WEEKLY TOTAL** \_\_\_\_\_

Date \_\_\_\_\_