

**TRI-ODYSSEY PEO, INC**  
**EMPLOYEE TIME CARD**  
 INTERNAL

**NAME OF EMPLOYEE:** \_\_\_\_\_

PAY PERIOD FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

DATE	DAY	IN	OUT	IN	OUT	TOTAL HOURS
	S					
	M					
	T					
	W					
	TH					
	F					
	S					

TOTAL REGULAR TIME \_\_\_\_\_ TOTAL OVERTIME \_\_\_\_\_ PTO \_\_\_\_\_ HOLIDAY \_\_\_\_\_

I CERTIFY THAT I, HAVE / HAVE NOT (Circle one) , HAD AN ON THE JOB INJURY FOR THIS PAY PERIOD AND THESE HOURS ARE TRUE AND CORRECT

EMPLOYEES SIGNATURE \_\_\_\_\_

MANAGEMENT APPROVAL \_\_\_\_\_

SUPERVISOR OR MANAGER: IF THE EMPLOYEE WAS ABSENT OR LATE, STATE THE REASON AND THE ACTION TAKEN.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_