DATE: _____ / _____ / _____

CLIENT NAME: _____

WORK PERIOD W/E: _____ / _____ / _____

PROTOCALL™

GROUP TIME TICKET

Branch #: _____

DATE	/ /			/ /			/ /			/ /			/ /			/ /			/ /			Weekly Total	
DAY	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			SUNDAY			Reg. Hours	O.T.
EMPLOYEE NAME (Print Last Name & First Initial) / ACCOUNTING CODE	TIME IN / TIME OUT	LUNCH	TOTAL HOURS	TIME IN / TIME OUT	LUNCH	TOTAL HOURS	TIME IN / TIME OUT	LUNCH	TOTAL HOURS	TIME IN / TIME OUT	LUNCH	TOTAL HOURS	TIME IN / TIME OUT	LUNCH	TOTAL HOURS	TIME IN / TIME OUT	LUNCH	TOTAL HOURS	TIME IN / TIME OUT	LUNCH	TOTAL HOURS		

ACCOUNTING - WHITE COPY • BILLING - CANARY COPY • BRANCH - PINK COPY • CLIENT - BLUE COPY

_____ Authorized Client Name/Title

_____ Authorized Client Signature

_____ Date

62-234