

National Construction Workforce

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 Fax: (317) 921-1101
 Email timecards to: timecards@nationalworkforce.com
 Text timecards to: (317) 502-0752



National Construction
 WORKFORCE

Employee Name: _____ Week Ending: ____/____/____

Client Name: _____

Job Name: _____ Client PO#: _____

Jobsite Address: _____

City: _____ State: _____ NCW Job: _____

							OFFICE & CLIENT USE	
DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	COMPLETED WORK INJURY-FREE	SUPERVISOR INITIALS	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS
MON					Y N			
TUE					Y N			
WED					Y N			
THU					Y N			
FRI					Y N			
SAT					Y N			
SUN					Y N			
TOTAL HOURS:								

Employee Signature: _____

Supervisor Signature: _____

Remarks: _____

By signing this time card you are certifying that you have completed your work free of any injury. All work-related injuries must be immediately reported to NCW Supervisor or by calling 317.332.2601.