

National Construction Workforce

2500 E. 46th St., Indianapolis, IN 46025 (317) 921-1100

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



****ALL TIMECARDS MUST BE SUBMITTED BY 12:00pm the following Monday of the work week completed**

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

Client Name: _____

Job Name: _____ Client PO#: _____

Jobsite Address: _____

City: _____ State: _____

| | DATE | START TIME | LUNCH OUT | LUNCH IN | FINISH TIME | SUPERVISOR INITIALS | TOTAL REGULAR HOURS | TOTAL OVERTIME HOURS |
|-----|--------------|------------|-----------|----------|-------------|---------------------|---------------------|----------------------|
| MON | | | | | | | | |
| TUE | | | | | | | | |
| WED | | | | | | | | |
| THU | | | | | | | | |
| FRI | | | | | | | | |
| SAT | | | | | | | | |
| SUN | | | | | | | | |
| | TOTAL HOURS: | | | | | | | |

Employee Signature: _____

Supervisor Signature: _____ Supervisor Phone #: _____

Remarks: _____