



40 Darby Rd.
 Paoli, PA 19301
 Phone: 610-408-9401
 Fax: 610-408-9404

Pathfinders, Inc. must receive this completed timecard via fax on Monday by 5:00pm to allow enough time to process payroll. It is the individual employee's responsibility to fax the approved time card to Pathfinders @ 610-408-9404

Company Name:		Company Address:		City:	State:	Zip:
Employee Choose One Below: () Mail My Check () Hold My Check		Social Security Number (last 4 digits only) XXX - XX - ____ - ____		Job Title:		
Employee: I certify that my hours shown hereon represent the total hours worked this week by me, and properly verified by the client .		Employee Name:		Employee Signature:		
		Authorized Signature:		Title:		
Client: Your signature represents that you are in agreement that all hours listed below were completed by this employee this week.		Client Name: (please print)		Is this employee continuing this assignment?		
				___ Yes	___ No	
Employee Hours						
Day	Date	Hours to the nearest quarter hour				
		Start Time	Finish Time	Lunch Time	Regular Hours	Overtime Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Regular Total Hrs.	Overtime Total Hrs.
					Total Hours:	