AMC
American Mechanical Corporation
(206) 467-6407 • Fax (425) 489-4079

TIME SHEET

Period Ending: _____
*Shift - 2 = Swing
- 3 = Graveyard

Name: _____

Reg. Hrs.	Time/Half Hrs.	DT Hrs.	Job No.	TM WR or BID	Job Name & Description	Date Mo.	Date Day	*Shift

Reg.	T/H	DT	Hol	S/L	Vac.

Any Job Injuries This Pay Period ☐ No ☐ Yes _____ INITIAL

Workman's Signature: _____
(Required)

If yes, Explain: _____

Approved by: _____

TIME SHEETS MUST BE SIGNED AND INITIAL NEXT TO JOB INJURIES