

Name:
 Week Ending ___/___/___
 Client: _____



Weekly Timecard for NDCS
 Email: TMSgov@tmsservices.com
 Phone: 402-597-6700
 Fax: 402-592-3572

Date		Time In	NDCS Staff Initials	Time Out	NDCS Staff Initials	Lunch Break	Total Hours	Facility Notes
	Mon							
	Tues							
	Wed							
	Thurs							
	Fri							
	Sat							
	Sun							
Weekly Total:								

Notice: All time cards are due in office by following Monday.

 Employee Signature (required) Date:

I certify that the hours and information stated above are complete and accurate and represent all hours I actually worked during the time period.

 Manager Signature: Date: