



Time Cards are due EVERY MONDAY by 7am
 Checks will be available every other Friday after 5pm

Version 5.31.19

Employee Name: _____ Pay Period Dates: _____ TO _____
 (First & Last)

Mon	IN: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	Lunch	Vehicle# _____	Daily Total Hrs Worked	CROP: _____ FIELD: _____ WORK DONE: _____
	OUT: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	<input type="checkbox"/> 30 Min <input type="checkbox"/> 1 Hour	<input type="checkbox"/> Driver		
Tues	IN: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	Lunch	Vehicle# _____		CROP: _____ FIELD: _____ WORK DONE: _____
	OUT: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	<input type="checkbox"/> 30 Min <input type="checkbox"/> 1 Hour	<input type="checkbox"/> Driver		
Wed	IN: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	Lunch	Vehicle# _____		CROP: _____ FIELD: _____ WORK DONE: _____
	OUT: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	<input type="checkbox"/> 30 Min <input type="checkbox"/> 1 Hour	<input type="checkbox"/> Driver		
Thurs	IN: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	Lunch	Vehicle# _____		CROP: _____ FIELD: _____ WORK DONE: _____
	OUT: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	<input type="checkbox"/> 30 Min <input type="checkbox"/> 1 Hour	<input type="checkbox"/> Driver		
Fri	IN: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	Lunch	Vehicle# _____		CROP: _____ FIELD: _____ WORK DONE: _____
	OUT: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	<input type="checkbox"/> 30 Min <input type="checkbox"/> 1 Hour	<input type="checkbox"/> Driver		
Sat	IN: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	Lunch	Vehicle# _____		CROP: _____ FIELD: _____ WORK DONE: _____
	OUT: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	<input type="checkbox"/> 30 Min <input type="checkbox"/> 1 Hour	<input type="checkbox"/> Driver		
Sun	IN: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	Lunch	Vehicle# _____		CROP: _____ FIELD: _____ WORK DONE: _____
	OUT: _____ <input type="checkbox"/> Am <input type="checkbox"/> Pm	<input type="checkbox"/> 30 Min <input type="checkbox"/> 1 Hour	<input type="checkbox"/> Driver		

Weekly Total Hours: _____

FOR OFFICE USE ONLY – DO NOT MARK THE CROP CODES, WRITE IT ABOVE IN DAILY DESCRIPTION

- | | | | |
|----------------|-------------------|----------------|--------------------|
| _____ GRASS | _____ BLUEBERRIES | _____ GRAPES | _____ CUSTOM |
| _____ HZNT-NI | _____ CHERRIES | _____ G BEANS | _____ CUSTOM (F) |
| _____ HZNT-EO | _____ CLOVER | _____ SPINACH | _____ CUSTOM (SLF) |
| _____ HZNT-NS | _____ CORN | _____ RADISH | _____ TILING |
| _____ APPLE-NS | _____ GARLIC | _____ TRUCKING | _____ |
| _____ | _____ | _____ | _____ |

Employee Signature: _____

Crew Leader Signature: _____