

No. 10 Week Ending 19-8-2007  
 Name John Smith **078**

WORK	Hours	Rate	\$	¢
ORD. TIME				
OVERTIME X 1 1/2				
OVERTIME X 2				
HOLIDAY PAY				
SICK PAY				
RDO				

I hereby certify that all particulars on this Time Card are correct.

Signed John Smith

IN	OUT	IN	OUT	IN	OUT
Mo 7:31	Mo 12:30	Mo 13:00	Mo 16:00		
Tu 7:00	Tu 10:00	Tu 10:10	Tu 12:30	Tu 13:00	Tu 15:30
We 7:00	We 12:00	We 12:30	We 15:30		
Th 6:30	Th 9:30	Th 9:40	Th 12:30	Th 13:00	Th 18:00
Fr 7:00	Fr 12:00	Fr 12:30	Fr 16:30		
Sa 7:00	Sa 10:00	Sa 10:10	Sa 12:00		



Re-order No. QR-6560

DEDUCTIONS	GROSS WAGES	
TAX		
SUPERANNUATION		
INSURANCE		
HOSPITAL/MED.		
<b>TOTAL</b>		
<b>NET WAGES \$</b>		