



McGrath Systems

Week Ending Date

M M D D Y Y Y Y

Employee Name _____

Please Print

Client Name _____

Please Print

	Straight	Overtime
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total hours		

Employee Signature _____

Client Approval _____

To ensure you will receive your check in a timely manner, **please fax your timecard** – signed by your Manager – to your McGrath Systems office no later than **Monday 12:00 Noon!** Please note: any time Cards received after Monday 12:00 Noon can result in your check being delayed. **FAX: 215.654.6836**



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