MPLOY	EE TIME (	CARD
C-13002541	CGC-1505350	P-065

	Full Na	ime:		Week Ending (Saturday):			
	Day	Date	Company / Jobsite	Hours	Site Supervisor's Signature		
	SUN	/					
Safe	MON	/					
ഗ്	TUE	/					
Work	WED	/					
Š	THUR	/					
	FRI	/					
	SAT	/					
			vledge I have not suffered any injury during my employment n accident resulting in injury to another RAMS employee.		Employee Signature		
			ijured or witnessed an injury.	All injuries must be reported to RAMS/RPG 1-800-577-180			
	1 copy to: Client, Employee			MUST BE TURNED IN BY SATURDAY AT 5:00 P.M			

RAMS RPG E-MAIL TIME CARD TO: timecard@ramsinc.net

EMPLOYEE TIME CARD

EC-13002541 CGC-1505350 P-065

Week Ending (Saturday): Full Name:

	Day	Date	Company / Jobsite	Hours	Site Supervisor's Signature	
	SUN	/				]
ע ד	MON	/				
ב ה	TUE	/				
	WED	/				1
	THUR	/				ŀ
	FRI	/				
	SAT	/				
	By signing this ti	mecard, I acknov	vledge I have not suffered any injury during my employment		Employee Signature	]

this week, nor have I witnessed an accident resulting in injury to another RAMS employee. If this box is checked, I was injured or witnessed an injury.

All injuries must be reported to RAMS/RPG 1-800-577-1808.

1 copy to: Client, Employee

## MUST BE TURNED IN BY SATURDAY AT 5:00 P.M.



EMPLOYEE TIME CARD EC-13002541 CGC-1505350 P-065

Full Name: Week Ending (Saturday):

Day **Date** Company / Jobsite Hours Site Supervisor's Signature **SUN MON TUE** / **WED THUR** / **FRI** SAT Employee Signature By signing this timecard, I acknowledge I have not suffered any injury during my employment

this week, nor have I witnessed an accident resulting in injury to another RAMS employee.

If this box is checked, I was injured or witnessed an injury.

All injuries must be reported to RAMS/RPG 1-800-577-1808.