



FAX TIME CARD TO: 1-888-926-7267 OR

E-MAIL TIME CARD TO: [timecard@ramsinc.net](mailto:timecard@ramsinc.net)

EMPLOYEE TIME CARD

EC-13002541 CGC-1505350 P-065

Full Name: \_\_\_\_\_

Week Ending (Saturday): \_\_\_\_\_

Work Safe

Work Safe

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.

1 copy to: Client, Employee

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



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