



**Daily Employee Timecard**  
(Report of Time, Premiums)

62-5670 (Rev. 08/07)  
Payroll

EMPLOYEE DETAILS		MEAL DETAILS			
TIMEKEEPER GROUP	<b>1639</b>				
EMPLOYEE NAME	[REDACTED]	MISSED MEAL?	<b>Y</b>	DATE:	<b>7-13-21</b>
EMPLOYEE #	<b>275656</b>	Comments: <b>SHIFT AND TURNOVER,ROUTINES, #1 THRUST TROUBLE</b>			

Notes/Comments	START TIME	STOP TIME	HOURS	Abs/Att Type	WR	Shift Prem	RCC	Receiving Order	Work Center	Upgrade Job
Rock Creek Switching Center	<b>1800</b>	<b>0600</b>	<b>12</b>			<b>3</b>	<b>11597</b>	<b>10542581</b>	<b>11597</b>	
Rock Creek Switching Center	<b>0600</b>	<b>0930</b>	<b>3.5</b>		<b>7</b>	<b>3</b>	<b>11597</b>	<b>10542581</b>	<b>11597</b>	
MISSED MEAL			<b>.5</b>	<b>1006</b>	<b>7</b>	<b>3</b>				

I certify that I have accurately recorded any missed meal periods during this pay period on this timecard, and that absent such a recording, I did receive a meal period(s).

	 _____ Employee Signature	<b>SAME AS ABOVE</b> _____ Date
 _____ Foreman/Supervisor Name	_____ Foreman/Supervisor Signature	_____ Date