

## TIMESAVER CARD REPLACEMENT FORM

I,, acknowledge that I need to replace my  (Print Name Clearly)  TIMESAVER card and authorize the Payroll Department to Change my Timesaver number with the information below.	
Signature	Date
XXX - XX - Social Security Number	New Timesaver Number
TIMESAVER CARD REPLACEMENT FORM  I,, acknowledge that I need to replace my  (Print Name Clearly)  TIMESAVER card and authorize the Payroll Department to Change my Timesaver number with the information below.	
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