

Employee Name: _____

Building: _____ Position _____

Employee Signature _____

Day	Date	Time IN	Time OUT	Description/ Comments	HOURS
Mon					
Tues					
Wed					
Thurs					
Friday					
Sat					
Sun					

Weekly Total

Day	Date	Time IN	Time OUT	Description/ Comments	HOURS
Mon					
Tues					
Wed					
Thurs					
Friday					
Sat					
Sun					

Weekly Total

Rate: \$ _____ per: hour day
(Leave blank if unknown)

Bi-Weekly Total

Supervisor Name _____

Supervisor Signature _____

