

ID #: \_\_\_\_\_



THRU \_\_\_\_\_

Name of Employee \_\_\_\_\_

Payroll Period \_\_\_\_\_

	Date of Service	AM		PM		Total Hours
		Time In	Time Out	Time In	Time Out	
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						

Weekly Total\* \_\_\_\_\_

	Date of Service	AM		PM		Total Hours
		Time In	Time Out	Time In	Time Out	
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						

Weekly Total\* \_\_\_\_\_

Department \_\_\_\_\_

Total Hours- \_\_\_\_\_

Fund-Organization-Program \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Employee's Signature \_\_\_\_\_