

Weekly Time Record

This Time Record must be filled out and signed by employee. (please print)

Name _____ Date / / Week Ending / /
LAST FIRST MIDDLE
 Department _____ Shift _____ Employee/Payroll # _____

DAY	MORNING		AFTERNOON		OVERTIME		TOTAL		TOTAL
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS	OVERTIME APPROVAL
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

THIS FORM MUST BE RECEIVED IN PAYROLL

BY _____ A.M. _____ P.M. PAYROLL _____
 ON _____ OF EACH WEEK DATE / /

WEEKLY TOTALS

Emp. Signature _____
 Sup. Signature _____