**Nombre de empleado**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Departamento**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semana de**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Día del mes | Dias de la semana | En | Afuera | En | Afuera | Total |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
|  |  |  |  |  | **Total:** |  |

Certifico que las horas anteriores que se muestran aquí representan con precisión las horas que trabajé durante este período de pago.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Firma del empleado Fecha Firma del supervisor Fecha

**Nombre de empleado**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Departamento**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semana de**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Día del mes | Dia de la semana | En | Afuera | En | Afuera | Total |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |
|  |  |  |  |  | **Total:** |  |

Certifico que las horas anteriores que se muestran aquí representan con precisión las horas que trabajé durante este período de pago.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Firma del empleado Fecha Firma del supervisor Fecha