Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| IN |  |  |  |  |  |  |  |
| OUT |  |  |  |  |  |  |  |
| IN |  |  |  |  |  |  |  |
| OUT |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| IN |  |  |  |  |  |  |  |
| OUT |  |  |  |  |  |  |  |
| IN |  |  |  |  |  |  |  |
| OUT |  |  |  |  |  |  |  |

I certify that the above hours shown here accurately represent the hours worked during this pay period.

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

Supervisor Signature Date