Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day of month | Day of the week | In | Out | Total |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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| 29 |  |  |  |  |
| 30 |  |  |  |  |
| 31 |  |  |  |  |

TOTAL HOURS: \_\_\_\_\_\_\_\_\_\_\_\_ I certify that the above hours shown here accurately represent the hours I worked during this pay period.

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

Employee Signature Date Supervisor Signature Date