

Employee Name (Print) _____

Dates Covered _____

Department _____

Date	Day	Start Time	Lunch / Return	End Time	Total Regular Hours Worked	Hours Off		Overtime
						Total Hours Off	Key *	Total Over-time Hours
			TOTAL		0	0		0

* Key V = Vacation C = Casual H = Holiday J= Jury L/A = Absence without pay X = Friday off
 S/F = Short Term Disability/ Family Medical Leave Act B = Bereavement

I certify that all informatiion above is true and correct. I approve the hours as recorded.

Employee's Signature _____ Date _____ Supervisor's Signature _____