

EMPLOYEE NAME (PRINT)

EMPLOYEE # _____

PAY PERIOD

ORGN _____ END DATE _____

	IN	OUT	IN	OUT	HOURS WORKED
S					
M					
T					
W					
T					
F					
S					
S					
M					
T					
W					
T					
F					
S					
TOTAL HOURS					

EMPLOYEE SIGNATURE

SUPERVISOR

EMPLOYEE NAME (PRINT)

EMPLOYEE # _____

PAY PERIOD

ORGN _____ END DATE _____

	IN	OUT	IN	OUT	HOURS WORKED
S					
M					
T					
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T					
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