



EMPLOYEE: _____ SSN#: _____ - _____ - _____ PAYROLL PERIOD: _____ 15th - _____ 14th 20____

DATE	IN	OUT	IN	OUT	IN	OUT	HOURS WORKED
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

TOTAL HOURS: _____

*Quarter of an hour increments

Employee Signature: _____ Date: _____

Substantiated by Supervisor: _____ Date: _____

I do hereby certify that the record of hours indicated is correct and that no other monies are due to me for the specified period designated. I understand failure to report actual hours worked is a violation of Federal Law.