



EMPLOYEE: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PAYROLL PERIOD: \_\_\_\_\_ 20\_\_\_\_\_

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

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.

Regular Hours: \_\_\_\_\_

Overtime Hours: \_\_\_\_\_

Total Hours: \_\_\_\_\_

\*Quarter of an hour increments