EMPLOYEE NAME ______________________________ DATE ______________

EMPLOYEE NUMBER ______________________________ DEPARTMENT ______________

JOB DESCRIPTION ______________________________

EMPLOYEE WEEKLY TIME RECORD

DATE	JOB NUMBER	ACTIVITIES	TIME START	TIME FINISH	HOURS

TOTAL REGULAR HOURS	
TOTAL OVERTIME	

AUTHORIZATION REQUIRED FOR ALL OVERTIME HOURS

____

Supervisor's signature

KeepandShare.com