

No. _____ Week Ending _____

Name _____

MON.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
TUE.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
WED.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
THU.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
FRI.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
SAT.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
SUN.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		

SIGNATURE _____

FORM 1291 (800331-1) LITHO IN U.S.A.

OVERTIME HOURS			
	IN		
	OUT		
	IN		
	OUT		
	IN		
	OUT		
	IN		
	OUT		

NUMBER OF DEPENDENTS			
EARNINGS		AMOUNT	
Regular Hours @ _____			
Overtime Hours @ _____			
GROSS EARNINGS		\$	
DEDUCTIONS			
SOCIAL SECURITY			
MEDICARE			
FED. TAX			
STATE TAX			
INSURANCE			
TOTAL DEDUCTIONS		\$	
NET EARNINGS		\$	

CHECK NO. _____

DATE _____ 20_____