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