

Adding Quality to Life

F	Employee #						M.I.	First Name			Last Name					
		Total	Fri	Thur	Wed	Tue	Mon	Sun	Sat	Fri	Thu	Wed	Tue	Mon	Sun	Sat
			6/16	6/15	6/14	6/13	6/12	6/11	6/10	6/9	6/8	6/7	6/6	6/5	6/4	6/3
102	Regular Hours															
110	Overtime															
	G/L#															
	G/L#															
	G/L#															
	G/L#															
	G/L#															
	G/L#															
	G/L#															

|--|

Notes:		Hours Worked	
	I declare under the applicable penalties of law that to the best of my knowledge this information is correct		
	Employee Signature	A	uthorized Signature