



# EMPLOYEE TIME REPORT Recreation Temporary & Seasonal 2017

PAY PERIOD 15

Last Name				First Name				M.I.							Employee #	Period Ends 07/14/17
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total		
7/1	7/2	7/3	7/4	7/5	7/6	7/7	7/8	7/9	7/10	7/11	7/12	7/13	7/14			
														Regular Hours 102		
															Overtime 110	Hourly Rate
															G/L#	
															G/L#	
															G/L#	
															G/L#	
															G/L#	
															G/L#	
															G/L#	
															G/L#	

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