



EMPLOYEE TIME REPORT
 Recreation Temporary & Seasonal 2017

PAY PERIOD 19

Last Name				First Name				M.I.							Employee #	Period Ends 09/08/17	
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total			
8/26	8/27	8/28	8/29	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8				
															Regular Hours	102	Hourly Rate
															Overtime	110	
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		

															TOTALS
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--------

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	