

Adding Quality to Life

Last Name			First Name				M.I.						Employee #		Period Ends 01/13/17		
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total			
12/31	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13				
	_														Regular Hours	101	
															Overtime	110	Hourly Rate
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		

2017

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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	A	uthorized Signature