



EMPLOYEE TIME REPORT Recreation Temporary & Seasonal 2017

PAY PERIOD 20

Last Name				First Name				M.I.							Employee #	Period Ends 09/22/17	
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total			
9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22				
															Regular Hours	102	Hourly Rate
															Overtime	110	
															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	