



# EMPLOYEE TIME REPORT Recreation Temporary & Seasonal 2017

PAY PERIOD 4

Last Name				First Name				M.I.							Employee #	Period Ends 02/10/17
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total		
1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7	2/8	2/9	2/10			
															Regular Hours	102
															Overtime	110
															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	