

Adding Quality to Life

Last Name			First Name				M.I.						Employee #		Period Ends 11/17/17		
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total			
11/4	11/5	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17				
															Regular Hours	102	
															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