

PAY PERIOD 10

Adding Quality to Life

Last Name				First Name				M.I.							Employee #	Period Ends 05/04/18	
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total			
4/21	4/22	4/23	4/24	4/25	4/26	4/27	4/28	4/29	4/30	5/1	5/2	5/3	5/4		_		
															Regular Hours 102		
															Overtime 110	Hourly Rate	
															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		

2018