EMPLOYEE TIME RECORD

DATE _____
WEEK OF _____ TO _____

Emp. I.D.#	Name (Last)		First	M.I.	Social Security ##

| DAY | DATE | DEPT. | TIME | | | HOURS | | | | REMARKS |
			IN	OUT	LUNCH	WORKED	OTHER	UNPAID	TOTAL	

OTHER HOURS
V = Vacation
H = Holiday
S = Sick
J = Jury
F = Funeral
O = Other

UNPAID HOURS
P = Personal
S = Sick

TOTAL

Employee Signature _____

Supervisor Signature _____