

WEEKLY TIME REPORT FOR WEEK ENDING _____, 20__ .

NAME _____ Total Regular Time for Week _____

DEPARTMENT _____ Total Overtime for Week _____

In order that we may comply with the wage-hour law, each employee is required to fill in the time worked each day and turn in this slip, signed, at the end of the week. If called away during working hours, notation of this time should be made on the back of this card; also, purpose of evening work.

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		Hr	Min	Hr	Min	Hr	Min	Hr	Min	Hr	Min	Hr	Min	Hr	Min
Morn- ing	BEGIN														
	END														
After noon	BEGIN														
	END														
Even- ing	BEGIN														
	END														
Time Worked Each Day															

Signed _____ OK'D _____

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Signed _____ OK'D _____