

Weekly Time Record

[Company Name]

Street Address
 Address 2
 Address 3
 City, ST ZIP
 Phone
 Fax
 Email

Week ending: _____
 Employee: _____
 Manager: _____
 Employee phone: _____
 Employee email: _____
 Tax ID#: _____

Day	In	Out	In	Out	Regular Hrs.	Overtime Hrs.	Sick Hrs.	Vacation Hrs.	Total Pay
Monday	8:00	11:00	12:00	18:00	8.00	1.00			
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Total Hrs.					8.00	1.00			
Hourly Rate					\$20.00	\$30.00			
Total Pay					\$160.00	\$30.00			\$190.00

 Employee signature Date

 Manager signature Date