

[Company Name]

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

Weekly Time Record

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 _____