

Employee Name \_\_\_\_\_

(Print)

Department \_\_\_\_\_

Day of Week	Date	Number of Hours Worked
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total Hours Worked</b>		

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Absence reasons: death in family, deduction day, illness in immediate, injury in immediate, jury duty, personal illness, personal injury, personal leave, professional leave, vacation

Employee Name \_\_\_\_\_

(Print)

Department \_\_\_\_\_

Day of Week	Date	Number of Hours Worked
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total Hours Worked</b>		

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Absence reasons: death in family, deduction day, illness in immediate, injury in immediate, jury duty, personal illness, personal injury, personal leave, professional leave, vacation

Employee Name \_\_\_\_\_

(Print)

Department \_\_\_\_\_

Day of Week	Date	Number of Hours Worked
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total Hours Worked</b>		

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Absence reasons: death in family, deduction day, illness in immediate, injury in immediate, jury duty, personal illness, personal injury, personal leave, professional leave, vacation

Employee Name \_\_\_\_\_

(Print)

Department \_\_\_\_\_

Day of Week	Date	Number of Hours Worked
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total Hours Worked</b>		

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Absence reasons: death in family, deduction day, illness in immediate, injury in immediate, jury duty, personal illness, personal injury, personal leave, professional leave, vacation