Pay Period Ending: ____________________ Location: ____________________

Name: ____________________ Social Security # XXX - XX - ________

DATE	DAY	IN	OUT	IN	OUT	IN	OUT	TOTAL HOURS
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
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	Saturday							
	Sunday							
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	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
	Sunday							

Total Hours Worked ________

____
Employee's Signature

____
Supervisor's Signature