

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: December 19, 2009 To: January 4, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
12/19/09	Saturday							
12/20/09	Sunday							
12/21/09	Monday							
12/22/09	Tuesday							
12/23/09	Wednesday							
12/24/09	Thursday							
12/25/09	Friday							
12/26/09	Saturday							
12/27/09	Sunday							
12/28/09	Monday							
12/29/09	Tuesday							
12/30/09	Wednesday							
12/31/09	Thursday							
01/01/10	Friday							
01/02/10	Saturday							
01/03/10	Sunday							
01/04/10	Monday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ****Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: _____ January 5, 2010 _____ To: _____ January 19, 2010 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
1/05/10	Tuesday							
1/06/10	Wednesday							
1/07/10	Thursday							
1/08/10	Friday							
1/09/10	Saturday							
1/10/10	Sunday							
1/11/10	Monday							
1/12/10	Tuesday							
1/13/10	Wednesday							
1/14/10	Thursday							
1/15/10	Friday							
1/16/10	Saturday							
1/17/10	Sunday							
1/18/10	Monday							
1/19/10	Tuesday							
	TOTAL							TOTAL:
*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS .								

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ **Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: _____ January 20, 2010 _____ To: _____ February 2, 2010 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
1/20/10	Wednesday							
1/21/10	Thursday							
1/22/10	Friday							
1/23/10	Saturday							
1/24/10	Sunday							
1/25/10	Monday							
1/26/10	Tuesday							
1/27/10	Wednesday							
1/28/10	Thursday							
1/29/10	Friday							
1/30/10	Saturday							
1/31/10	Sunday							
2/01/10	Monday							
2/02/10	Tuesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: February 3, 2010 To: February 17, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
2/03/10	Wednesday							
2/04/10	Thursday							
2/05/10	Friday							
2/06/10	Saturday							
2/07/10	Sunday							
2/08/10	Monday							
2/09/10	Tuesday							
2/10/10	Wednesday							
2/11/10	Thursday							
2/12/10	Friday							
2/13/10	Saturday							
2/14/10	Sunday							
2/15/10	Monday							
2/16/10	Tuesday							
2/17/10	Wednesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: February 18, 2010 To: March 3, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
2/18/10	Thursday							
2/19/10	Friday							
2/20/10	Saturday							
2/21/10	Sunday							
2/22/10	Monday							
2/23/10	Tuesday							
2/24/10	Wednesday							
2/25/10	Thursday							
2/26/10	Friday							
2/27/10	Saturday							
2/28/10	Sunday							
3/01/10	Monday							
3/02/10	Tuesday							
3/03/10	Wednesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ***Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date
Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: March 4, 2010 To: March 19, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
3/04/10	Thursday							
3/05/10	Friday							
3/06/10	Saturday							
3/07/10	Sunday							
3/08/10	Monday							
3/09/10	Tuesday							
3/10/10	Wednesday							
3/11/10	Thursday							
3/12/10	Friday							
3/13/10	Saturday							
3/14/10	Sunday							
3/15/10	Monday							
3/16/10	Tuesday							
3/17/10	Wednesday							
3/18/10	Thursday							
3/19/10	Friday							
	TOTAL*							TOTAL:
*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS .								

Employee's Signature: _____ Date: _____

SUPERVISOR; Indicate total hours of overtime to be paid:_____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date: _____
 Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: March 20, 2010 To: April 5, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
3/20/10	Saturday							
3/21/10	Sunday							
3/22/10	Monday							
3/23/10	Tuesday							
3/24/10	Wednesday							
3/25/10	Thursday							
3/26/10	Friday							
3/27/10	Saturday							
3/28/10	Sunday							
3/29/10	Monday							
3/30/10	Tuesday							
3/31/10	Wednesday							
4/01/10	Thursday							
4/02/10	Friday							
4/03/10	Saturday							
4/04/10	Sunday							
4/05/10	Monday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ***Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: April 6, 2010 To: April 19, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
4/06/10	Tuesday							
4/07/10	Wednesday							
4/08/10	Thursday							
4/09/10	Friday							
4/10/10	Saturday							
4/11/10	Sunday							
4/12/10	Monday							
4/13/10	Tuesday							
4/14/10	Wednesday							
4/15/10	Thursday							
4/16/10	Friday							
4/17/10	Saturday							
4/18/10	Sunday							
4/19/10	Monday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ***Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____ Date
Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: April 20, 2010 To: May 4, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
4/20/10	Tuesday							
4/21/10	Wednesday							
4/22/10	Thursday							
4/23/10	Friday							
4/24/10	Saturday							
4/25/10	Sunday							
4/26/10	Monday							
4/27/10	Tuesday							
4/28/10	Wednesday							
4/29/10	Thursday							
4/30/10	Friday							
5/01/10	Saturday							
5/02/10	Sunday							
5/03/10	Monday							
5/04/10	Tuesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: May 5, 2010 To: May 18, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
5/05/10	Wednesday							
5/06/10	Thursday							
5/07/10	Friday							
5/08/10	Saturday							
5/09/10	Sunday							
5/10/10	Monday							
5/11/10	Tuesday							
5/12/10	Wednesday							
5/13/10	Thursday							
5/14/10	Friday							
5/15/10	Saturday							
5/16/10	Sunday							
5/17/10	Monday							
5/18/10	Tuesday							
	TOTAL*							TOTAL:
*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS .								

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ***Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: May 19, 2010 To: June 3, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
5/19/10	Wednesday							
5/20/10	Thursday							
5/21/10	Friday							
5/22/10	Saturday							
5/23/10	Sunday							
5/24/10	Monday							
5/25/10	Tuesday							
5/26/10	Wednesday							
5/27/10	Thursday							
5/28/10	Friday							
5/29/10	Saturday							
5/30/10	Sunday							
5/31/10	Monday							
6/01/10	Tuesday							
6/02/10	Wednesday							
6/03/10	Thursday							
	TOTAL							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ****Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: June 4, 2010 To: June 18, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
6/04/10	Friday							
6/05/10	Saturday							
6/06/10	Sunday							
6/07/10	Monday							
6/08/10	Tuesday							
6/09/10	Wednesday							
6/10/10	Thursday							
6/11/10	Friday							
6/12/10	Saturday							
6/13/10	Sunday							
6/14/10	Monday							
6/15/10	Tuesday							
6/16/10	Wednesday							
6/17/10	Thursday							
6/18/10	Friday							
	TOTAL*							TOTAL:
*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS .								

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: ____ ****Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: June 19, 2010 To: July 2, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
6/19/10	Saturday							
6/20/10	Sunday							
6/21/10	Monday							
6/22/10	Tuesday							
6/23/10	Wednesday							
6/24/10	Thursday							
6/25/10	Friday							
6/26/10	Saturday							
6/27/10	Sunday							
6/28/10	Monday							
06/29/10	Tuesday							
06/30/10	Wednesday							
7/01/10	Thursday							
7/02/10	Friday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: _____ July 3, 2010 _____ To: _____ July 19, 2010 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
7/03/10	Saturday							
7/04/10	Sunday							
7/05/10	Monday							
7/06/10	Tuesday							
7/07/10	Wednesday							
7/08/10	Thursday							
7/09/10	Friday							
7/10/10	Saturday							
7/11/10	Sunday							
7/12/10	Monday							
7/13/10	Tuesday							
7/14/10	Wednesday							
7/15/10	Thursday							
7/16/10	Friday							
7/17/10	Saturday							
7/18/10	Sunday							
7/19/10	Monday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ****Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date
Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: July 20, 2010 To: August 3, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
7/20/10	Tuesday							
7/21/10	Wednesday							
7/22/10	Thursday							
7/23/10	Friday							
7/24/10	Saturday							
7/25/10	Sunday							
7/26/10	Monday							
7/27/10	Tuesday							
7/28/10	Wednesday							
7/29/10	Thursday							
7/30/10	Friday							
7/31/10	Saturday							
8/01/10	Sunday							
8/02/10	Monday							
8/03/10	Tuesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date
Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: August 4, 2010

To: August 18, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
8/04/10	Wednesday							
8/05/10	Thursday							
8/06/10	Friday							
8/07/10	Saturday							
8/08/10	Sunday							
8/09/10	Monday							
8/10/10	Tuesday							
8/11/10	Wednesday							
8/12/10	Thursday							
8/13/10	Friday							
8/14/10	Saturday							
8/15/10	Sunday							
8/16/10	Monday							
8/17/10	Tuesday							
8/18/10	Wednesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ****Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: August 19, 2010 To: September 2, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
8/19/10	Thursday							
8/20/10	Friday							
8/21/10	Saturday							
8/22/10	Sunday							
8/23/10	Monday							
8/24/10	Tuesday							
8/25/10	Wednesday							
8/26/10	Thursday							
8/27/10	Friday							
8/28/10	Saturday							
8/29/10	Sunday							
8/30/10	Monday							
8/31/10	Tuesday							
9/01/10	Wednesday							
9/02/10	Thursday							
TOTAL*								TOTAL:
*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.								

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date
Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: September 3, 2010 To: September 17, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
9/03/10	Friday							
9/04/10	Saturday							
9/05/10	Sunday							
9/06/10	Monday							
9/07/10	Tuesday							
9/08/10	Wednesday							
9/09/10	Thursday							
9/10/10	Friday							
9/11/10	Saturday							
9/12/10	Sunday							
9/13/10	Monday							
9/14/10	Tuesday							
9/15/10	Wednesday							
9/16/10	Thursday							
9/17/10	Friday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: ____ ***Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date
Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: September 18, 2010 To: October 4, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
9/18/10	Saturday							
9/19/10	Sunday							
9/20/10	Monday							
9/21/10	Tuesday							
9/22/10	Wednesday							
9/23/10	Thursday							
9/24/10	Friday							
9/25/10	Saturday							
9/26/10	Sunday							
9/27/10	Monday							
9/28/10	Tuesday							
9/29/10	Wednesday							
9/30/10	Thursday							
10/01/10	Friday							
10/02/10	Saturday							
10/03/10	Sunday							
10/04/10	Monday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ****Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____

Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: October 5, 2010 To: October 18, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
10/05/10	Tuesday							
10/06/10	Wednesday							
10/07/10	Thursday							
10/08/10	Friday							
10/09/10	Saturday							
10/10/10	Sunday							
10/11/10	Monday							
10/12/10	Tuesday							
10/13/10	Wednesday							
10/14/10	Thursday							
10/15/10	Friday							
10/16/10	Saturday							
10/17/10	Sunday							
10/18/10	Monday							
	TOTAL							TOTAL:
*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.								

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ **Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: October 19, 2010 To: November 2, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
10/19/10	Tuesday							
10/20/10	Wednesday							
10/21/10	Thursday							
10/22/10	Friday							
10/23/10	Saturday							
10/24/10	Sunday							
10/25/10	Monday							
10/26/10	Tuesday							
10/27/10	Wednesday							
10/28/10	Thursday							
10/29/10	Friday							
10/30/10	Saturday							
10/31/10	Sunday							
11/01/10	Monday							
11/02/10	Tuesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ***Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: November 3, 2010 To: November 17, 2010

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
11/03/10	Wednesday							
11/04/10	Thursday							
11/05/10	Friday							
11/06/10	Saturday							
11/07/10	Sunday							
11/08/10	Monday							
11/09/10	Tuesday							
11/10/10	Wednesday							
11/11/10	Thursday							
11/12/10	Friday							
11/13/10	Saturday							
11/14/10	Sunday							
11/15/10	Monday							
11/16/10	Tuesday							
11/17/10	Wednesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: ____ ***Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: _____ November 18, 2010 _____ To: _____ December 3, 2010 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
11/18/10	Thursday							
11/19/10	Friday							
11/20/10	Saturday							
11/21/10	Sunday							
11/22/10	Monday							
11/23/10	Tuesday							
11/24/10	Wednesday							
11/25/10	Thursday							
11/26/10	Friday							
11/27/10	Saturday							
11/28/10	Sunday							
11/29/10	Monday							
11/30/10	Tuesday							
12/01/10	Wednesday							
12/02/10	Thursday							
12/03/10	Friday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: ____ ***Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

Week of: _____ December 4, 2010 _____ To: _____ December 20, 2010 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
12/04/10	Saturday							
12/05/10	Sunday							
12/06/10	Monday							
12/07/10	Tuesday							
12/08/10	Wednesday							
12/09/10	Thursday							
12/10/10	Friday							
12/11/10	Saturday							
12/12/10	Sunday							
12/13/10	Monday							
12/14/10	Tuesday							
12/15/10	Wednesday							
12/16/10	Thursday							
12/17/10	Friday							
12/18/10	Saturday							
12/19/10	Sunday							
12/20/10	Monday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ***Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____