



Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Week of: \_\_\_\_\_  
 Rate per hour: \_\_\_\_\_

Date	Start Time	End Time	Total Hours
			<b>Total</b>
			<b>Wages</b>

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_