EMPLOYEE:		JOB COMPLETED:													
BUILDING:		MONTH:													
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	<b>—</b>			<u> </u>		<del> </del>	_	14/20/2				<u> </u>			_
WEEK 1 Time In	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	WEEK 2 Time In	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time In								Time In							
Total Time						1	-	Total Time							
Total Time								rotal Time	ļ						
WEEK 3	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	WEEK 4	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time In								Time In							
Time Out								Time Out							
<b>Total Time</b>								<b>Total Time</b>							
								<u></u>			_				
WEEK 5	Mon	Tues	Wed	Thurs	Fri	Sat	Sun								
Time In								Total Hours							
Time Out								Hourly Rate							
Total Time								Total							
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Employoo Sign	<b>5</b> †11201														
Employee Sign	ature:														
Supervisor's Signature:									_						
Central Office Approval:															
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