

Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Day	Hours	Description	Day	Hours	Description
1			17		
2			18		
3			19		
4			12		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			Total		

I certify that the above is an accurate record of the time worked during the period.

Employee Signature \_\_\_\_\_ **\*\*Original signature required! Please print and sign.\*\***  
(This notation will not print.)

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ **\*\*Original signature required! Please print and sign.\*\***  
(This notation will not print.)

Date \_\_\_\_\_

Step 1     Step 2

RECAPITULATION - Please do not write in lines below.							
Account Code		Hours		@		Pay \$	
Account Code		Hours		@		Pay \$	
Account Code		Hours		@		Pay \$	
Total Hours						Total Pay	