

EMPLOYEE NAME: _____

EMPLOYEE ID#: _____

DATE:										
WORK DESCRIPTION/ JOB NAME	# OF HOURS PER DAY							TOTAL		COST CODE
	SUN	MON	TUE	WED	THU	FRI	SAT	REG	O/T	
TOTALS:										

Employee Signature: _____ Date submitted: ____/____/____

Reviewed by: _____ Date reviewed: ____/____/____