Weekly time record

Address: _____

Address2: _____

City, State, Zip _____

Week ending: _____

Employee: _____

Manager: _____

Employee phone: _____

Employee e-mail: _____

Day		Regular Hours	Overtime	Sick	Vacation	Total
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
	Total hours					
	Rate per hour					
	Total pay					

Employee signature _____ Date

Manager signature _____ Date