

**TIME SLIP – TO BE TURNED IN EVERY FRIDAY**

EMPLOYEE: \_\_\_\_\_ POSITION: \_\_\_\_\_

WEEK ENDING SATURDAY: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) 202\_\_

Day	Time Started	Time out for Meal	Time In After Meal	Time Work Terminated	Hours
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

I certify the above is a true and accurate record Total Hours: \_\_\_\_\_

Signed: (Employee) \_\_\_\_\_

Signed: (Supervisor) \_\_\_\_\_

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