Employee _____   **Manager:** _____

Pay Period Beginning: _____

Pay Period Ending: _____

Day	Date	Regular Hours	Overtime	Sick	Personal	Total
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total hours						

_____
Employee signature   **Date**

_____
Manager signature   **Date**