

CERTIFICATE OF TIME WORKED

Name: _____

Position: _____

Period Ended: _____

In order that we may comply with the wage-hour law, each employee is required to fill in the time worked each day and turn in this slip, signed, at the end of each pay period. If called away during working hours, notation of this time should be made on the back of this card. Due on the 1st of the month.

Day	Date	AM		PM		Hours Worked	
		In	Out	In	Out	Total	Overtime
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Week Total							

Day	Date	AM		PM		Hours Worked	
		In	Out	In	Out	Total	Overtime
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Week Total							

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		In	Out	In	Out	Total	Overtime
Monday							
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Week Total							

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		In	Out	In	Out	Total	Overtime
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Week Total							
Total Hours							

Signed: _____

Approved: _____