



This sheet must be filled out and signed by employee.
All notations should be made in ink and any corrections must be initialed by the employee and supervisor.
This form must be received in payroll by 10:00 am on _____
All overtime must be pre-approved.

	Morning		Afternoon		Total Hours							
	In	Out	In	Out	Regular Hours	Overtime Hours	OT Apprv	Sick Hours	Vacation Hours	Holiday Hours	Personal Hours	Total Hours
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Total Hours												

Supervisor's Signature: _____ Date: ____/____/____