Employee: _____ **Company:** _____

Pay period starting: _____

Week 1

Day	Date	Clock in	Clock out	Break (min)	Total hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Week 1 total hours					

Week 2

Day	Date	Clock in	Clock out	Break (min)	Total hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Week 2 total hours					

Regular hours: ____ Overtime hours: ____ Rate: $____

Employee signature / date

Supervisor signature / date