

Employee Name _____ Employ # _____ Week Of _____ thru _____

Date	Address ID #	SVS/Cost CODE	In Time	Out Time	Time Worked	Over Time	Diff.	Explanation	Address#:	Lea
									401	1400
									402	ADC
									404	CEC
									406	Bald
									407	MO
									409	1414
									410	609
									411	611
									412	611
									413	915
									414	915
									415	915
									416	1115
									417	1115
									418	1115
									419	Cim:
									420	Carl
									421	2802
									422	2804
									423	2802
									424	2806
									425	Mik
									426	Dian
									427	Brad
									428	Tina
									429	Angi
									430	Bren
									431	Jerol
									432	How
									433	1416
									434	Lisa
									435	Carr
									436	Ron
									437	Bill
									438	Char
									439	Shav
									440	Dan
									441	Lestr
									442	Kare
									443	Amy
									444	Mik
									445	Bobl
									446	Bria
									447	Lori
									448	Nath
									449	Chac
									450	Sara
									451	Evar
									452	Micl
									453	Robi
									454	Rach
									455	Motl
									456	Skee
									457	Vale
									458	Old
									459	Betty
									460	Matt

FT _____ PT _____

Grand Totals:

Vac	PLA	Sick	Holiday	Total Worked	Other ()	Grand Total	OT	Diff.

I certify that this Summary is an exact record of hours worked for the week, overtime/differential explained in far right column.

Signature _____

Supervisor Signature _____

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