

Employee Name _____

Employee ID # _____

Department Name _____

FOAP _____

Reporting Period From _____ Thru _____

Record hours worked to the nearest quarter of an hour. (0.25, 0.50, 0.75, 1.00)

DAY	HOURS WORKED	Regular	Overtime
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL WEEK 1			
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL WEEK 2			
GRAND TOTAL			

I certify that the above information is correct.

Approved by:

Employee Signature

Date

Supervisor Signature

Date

SEE REVERSE SIDE FOR INSTRUCTIONS

Approved by the Executive Director of Human Resources 2019