

Employee # : _____

Name : _____

Position : _____

Hours Worked Record

Regular _____

Overtime _____

Vacation _____

Sick _____

Total _____

***Do Not Write In This Space**

074 - TN / IL
(rev 01/03)

Pay Period

Starting Date: _____

Ending Date: _____

Hours worked are to be allocated to what
property name(s) & number(s):

	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total
Date								
Hours Worked								
Holiday								
Vacation								
Sick Time								
Total								

	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total

Reason for absense:

Reason for overtime:

Apt # _____ Work: _____
Apt # _____ Work: _____
Apt # _____ Work: _____

We / I, the undersigned, certify that all time shown above accurately reflects time worked and the day such time was worked.

No agreements exist for "comp time" or "banking of hours".

We / I acknowledge that such arrangements are prohibited by company policy and are subject to disciplinary action.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____