



Weekly time record

Employee: _____

Employee phone: _____

Supervisor: _____

Supervisor phone: _____

Week ending: _____

Contractor Name: _____

Day	Date	Regular Hours	Overtime	Supr. Initials		Total
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
	Total Hours					

Employee signature

Date

Supervisor signature

Date

MUST BE FILLED OUT COMPLETELY WITH SUPERVISOR SIGNATURE TO BE VALID. OVERTIME HOURS START AFTER 40 EACH WEEK