EMPLOYEE TIME DOCUMENT

COMPANY NAME _____

WEEK ENDING (SATURDAY_____

SHIFT/DEPT # _____

***HOURS MUST BE FAXED to #BY MONDAY 9A.M. (SATURDAY IS WEEK ENDING DATE)***

| **EMPLOYEE NAME** | **SU** | **M** | **TU** | **W** | **TH** | **FR** | **SA** | **REG HRS** | **OT HRS** | **DBL HRS** | **TOT** |
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THE HOURS SHOWN HEREIN ARE TRUE AND ACCURATE FOR THE LISTED EMPLOYEE (S) WHO PERFORMED IN A GOOD, WORKMANLIKE AND SATISFACTORY MANNER. IT IS ALSO VERIFIED THAT THE LISTED EMPLOYEE(S) WERE NOT ENTRUSTED WITH UNSUPERVISED PREMISES,CASH,CHECKS,KEYS,CREDIT CARDS,MERCHANDISE,CONFIDENTIAL OR TRADE SECRET INFORMATION, NEGOTIABLE INSTRUMENTS OR OTHER VALUABLES.

CUSTOMER APPROVAL_____DATE _____