

NAME _____

TIME REPORT

WEEKS OF _____

HOURS	WEEK 1							WEEK TOTAL	WEEK 2							WEEK TOTAL	PAY PERIOD TOTAL
	S	M	T	W	T	F	S		S	M	T	W	T	F	S		
REGULAR																	
EXTRA																	
HOLIDAY																	
APL																	
FUNERAL																	
WEATHER																	
JURY																	
COVID-19																	
TOTAL																	

This is a true statement for the pay period indicated above.

EMPLOYEE SIGNATURE

APPROVED BY:

SUPERVISOR

HOURS