

WEEKLY TIME RECORD

Employee's Name \_\_\_\_\_ Employee ID No. \_\_\_\_\_

Title \_\_\_\_\_ Employee's Division \_\_\_\_\_

Scheduled Workweek: FROM: 12:01 a.m. Sunday TO: 12:00 Midnight Saturday (Minutes are to be entered in case of overtime worked only)

Date \_\_\_\_\_ Date \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
Hours Worked								
Hours of Paid Leave								

Code Designations for Hours of Paid Leave:

A - Annual Leave S - Sick Leave E - Enforced Leave C- Compensatory Leave

To be completed only when hours worked per day are in excess of eight hours or if on Holidays or Weekends.

Time Work Began	a.m. p.m.	a.m. p.m.	a.m. p. M.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
Time Work Ended	a.m. p. M.	a.m. p. M.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p. M.	a.m. p.m.	a.m. p.m.
Total Time								

I certify that the above record of my daily and weekly hours worked are true and correct according to the best of my knowledge and belief.

APPROVED BY:

\_\_\_\_\_  
Signature of Employee:

\_\_\_\_\_  
Supervisor: