

INDIVIDUAL TIME RECORD

NAME _____

DEPARTMENT _____

Week 1

DATE	TIME IN	TIME OUT	NO. HOURS

Total Hours _____

Week 2

DATE	TIME IN	TIME OUT	NO. HOURS

Total Hours _____

Week 3

DATE	TIME IN	TIME OUT	NO. HOURS

Total Hours _____

Week 4

DATE	TIME IN	TIME OUT	NO. HOURS

Total Hours _____

Rate \$ _____

Grand Total Hours _____

Employee Signature _____

Approved By _____