**Weekly Time R**

Company Name Street Address Address 2

Address 3 City, ST ZIP Phone

Fax

E-mail

Week ending:

Employee: Manager: Employee phone: Employee e-mail: Tax ID#:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **In** | **Out** | **In** | **Out** | **Regular Hrs.** | **Overtime Hrs.** | **Sick Hrs.** | **Vacation Hrs.** |
| **Monday** |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |  |
|  | **Total Hrs.** |  |  |  |  |
| **Hourly Rate** |  |  |  |  |
| **Total Pay** |  |  |  |  |

Employee signature

Manager signature

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| **ecord** |
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|  |
| **Total Pay** |
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|  |
| Date |
| Date |