

Name _____ Position _____

Day	Date	A.M.		P.M.		Total Daily Hours	Total Weekly Hours
		In	Out	In	Out		
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
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Fri							

Worker Signature: _____ Approved By: _____

Page ___ of ___ Hours: _____