

EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_  
EMPLOYEE NUMBER \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_

## EMPLOYEE WEEKLY TIME RECORD

DATE	JOB NUMBER	ACTIVITIES	TIME START		TIME FINISH		HOURS

**AUTHORIZATION REQUIRED FOR ALL OVERTIME HOURS**  

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Supervisor's signature

**TOTAL REGULAR HOURS** \_\_\_\_\_  
**TOTAL OVERTIME** \_\_\_\_\_