

Employee Name: Position:
 Department: Supervisor:

Date	Hours:	Description of Work:	Notes:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekly Total Hours	<input type="text"/>		

I understand that my typed name below shall serve as my signature on this document (click the box if you agree)

Employee signature: Date:

I understand that my typed name below shall serve as my signature on this document (click the box if you agree)

Supervisor signature: Date: