

Hourly/Daily Time Record for the Month of _____ 20____

Position Title _____ Site/Dept. _____

Employee Name _____ SSN# _____

DATE	DESCRIPTION AND TYPE OF WORK PERFORMED	HOURS	DAYS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Total			

Employee's Signature _____

Administrative Approval _____

Accounting Dist. _____ Hrly/Lum _____