



Weekly Time Record

Employee:
 Manager:
 Employee Phone:
 Employee E-mail:
 Tax ID#:

Week ending:

Day	In	Out	In	Out	Regular Hours	Overtime Hours	Sick	Vacation	Total
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
					Total				
					Rate				
					Total				

Employee signature: _____

Date: _____

Manager signature: _____

Date: _____

New Work Fellowship
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