

MONTHLY TIME REPORT

For Pay Period Beginning the 11th of _____ and ending the 10th of 201_____

Name: _____

Department: _____

NOTE: In order that we may comply with the wage-hour law, each Employee is required to fill in the time worked each day and turn in this slip, signed and approved, at the end of the month. If called away during working hours, notation of this time should be made on the back of this card.

Hours for last week of prior month carried over that may reflect overtime:	
<i>Regular</i>	<i>Overtime</i>
0.00	0.00

	Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Weekly Total	Weekly Regular Hours	Weekly Overtime Hours
DATE										
Time In										
Time Out										
Time In										
Time Out										
Total Time Worked →										
DATE										
Time In										
Time Out										
Time In										
Time Out										
Total Time Worked →										
DATE										
Time In										
Time Out										
Time In										
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Time Out										
Total Time Worked →										
DATE										
Time In										
Time Out										
Time In										
Time Out										
Total Time Worked →										

TOTAL MONTHLY HOURS	<i>Regular</i>	<i>Overtime</i>
	0.00	0.00

Employee's Signature: _____

Approved By (Signature): _____

Hours for last week of current month carried forward that may reflect overtime: _____ 0.00

NOTE: Do not fill in yellow highlighted areas. These contain formulas which will calculate your hours.