

Employee Name:

Supervisor Name:

Week Starting:

Date	Day	Time Started	Time Stopped	Time Started	Time Stopped	Total Hours
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					

Employee Signature: _____

Supervisor Signature: _____

Total Hours

Rate Per Hour

Total Pay

Time Doctor Construction Company

Employee Name: John Doe

Supervisor Name: Jane Doe

Week Starting: 11/23/2020

Date	Day	Time Started	Time Stopped	Time Started	Time Stopped	Total Hours
11/23/2020	Monday	8:00 AM	11:00 AM	1:00 PM	5:00 PM	7:00
11/24/2020	Tuesday	8:30 AM	11:00 AM	1:30 PM	4:00 PM	5:00
11/25/2020	Wednesday	8:21 AM	11:00 AM	1:00 PM	4:30 PM	6:09
11/26/2020	Thursday	8:00 AM	10:45 AM	1:00 PM	7:00 PM	8:45
11/27/2020	Friday	8:00 AM	11:00 AM	1:00 PM	5:00 PM	7:00
11/28/2020	Saturday	8:00 AM	10:00 AM			2:00
11/29/2020	Sunday					0:00

Employee Signature: _____

Supervisor Signature: _____

Total Hours **35:54**

Rate Per Hour \$18.00

Total Pay **\$646.20**