

Employee Name _____ Week Ending ____/____/____



Date	Day	Client	Time		Lunch	Time		Hours	
			In	Out		In	Out		
	Sun		AM	AM		AM	AM		
		PM	PM	PM	PM				
	Mon		AM	AM		AM	AM		
		PM	PM	PM	PM				
	Tue		AM	AM		AM	AM		
		PM	PM	PM	PM				
	Wed		AM	AM		AM	AM		
		PM	PM	PM	PM				
	Thu		AM	AM		AM	AM		
		PM	PM	PM	PM				
	Fri		AM	AM		AM	AM		
		PM	PM	PM	PM				
	Sat		AM	AM		AM	AM		
		PM	PM	PM	PM				
Client Initials:								Total Hours	

Keep track of your time daily!
 You must turn in your time by 9:00 A.M. on Mondays.

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