

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: December 25, 2019 To: January 8, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
12/25/19	Wednesday <i>Christmas Day</i>							
12/26/19	Thursday							
12/27/19	Friday							
12/28/19	Saturday							
12/29/19	Sunday							
12/30/19	Monday							
12/31/19	Tuesday <i>New Year's Eve</i>							
01/01/20	Wednesday <i>New Year's Day</i>							
01/02/20	Thursday							
01/03/20	Friday							
01/04/20	Saturday							
01/05/20	Sunday							
01/06/20	Monday							
01/07/20	Tuesday							
01/08/20	Wednesday							
	TOTAL*							
								TOTAL:

Employee's Signature: _____ Date: _____
 *I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ **Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: January 25, 2020 To: February 7, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
01/25/20	Saturday							
01/26/20	Sunday							
01/27/20	Monday							
01/28/20	Tuesday							
01/29/20	Wednesday							
01/30/20	Thursday							
01/31/20	Friday							
02/01/20	Saturday							
02/02/20	Sunday							
02/03/20	Monday							
02/04/20	Tuesday							
02/05/20	Wednesday							
02/06/20	Thursday							
02/07/20	Friday							

	TOTAL*							TOTAL:
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***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ **Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: February 8, 2020 To: February 21, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
02/08/20	Saturday							
02/09/20	Sunday							
02/10/20	Monday							
02/11/20	Tuesday							
02/12/20	Wednesday							
02/13/20	Thursday							
02/14/20	Friday							
02/15/20	Saturday							
02/16/20	Sunday							
02/17/20	Monday <i>Presidents Day</i>							
02/18/20	Tuesday							
02/19/20	Wednesday							
02/20/20	Thursday							
02/21/20	Friday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: February 22, 2020 To: March 6, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
02/22/20	Saturday							
02/23/20	Sunday							
02/24/20	Monday							
02/25/20	Tuesday							
02/26/20	Wednesday							
02/27/20	Thursday							
02/28/20	Friday							
02/29/20	Saturday							
03/01/20	Sunday							
03/02/20	Monday							
03/03/20	Tuesday							
03/04/20	Wednesday							
03/05/20	Thursday							
03/06/20	Friday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: March 7, 2020 To: March 24, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
03/07/20	Saturday							
03/08/20	Sunday <i>Daylight Savings Time Begins</i>							
03/09/20	Monday							
03/10/20	Tuesday							
03/11/20	Wednesday							
03/12/20	Thursday							
03/13/20	Friday							
03/14/20	Saturday							
03/15/20	Sunday							
03/16/20	Monday							
03/17/20	Tuesday							
03/18/20	Wednesday							
03/19/20	Thursday							
03/20/20	Friday							
03/21/20	Saturday							
03/22/20	Sunday							
03/23/20	Monday							
03/24/20	Tuesday							
	TOTAL*							TOTAL:
*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.								

Employee's Signature: _____ Date: _____
 *I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: March 25, 2020 To: April 8, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
03/25/20	Wednesday							
03/26/20	Thursday							
03/27/20	Friday							
03/28/20	Saturday							
03/29/20	Sunday							
03/30/20	Monday							
03/31/20	Tuesday							
04/01/20	Wednesday							
04/02/20	Thursday							
04/03/20	Friday							
04/04/20	Saturday							
04/05/20	Sunday <i>Palm Sunday</i>							
04/06/20	Monday							
04/07/20	Tuesday							
04/08/20	Wednesday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: April 9, 2020 To: April 23, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
04/09/20	Thursday <i>Holy Thurs.</i>							
04/10/20	Friday <i>Good Friday</i>							
04/11/20	Saturday							
04/12/20	Sunday							
04/13/20	Monday <i>Easter Monday</i>							
04/14/20	Tuesday							
04/15/20	Wednesday							
04/16/20	Thursday							
04/17/20	Friday							
04/18/20	Saturday							
04/19/20	Sunday							
04/20/20	Monday							
04/21/20	Tuesday							
04/22/20	Wednesday							
04/23/20	Thursday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ***Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: April 24, 2020 To: May 8, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
04/24/20	Friday							
04/25/20	Saturday							
04/26/20	Sunday							
04/27/20	Monday							
04/28/20	Tuesday							
04/29/20	Wednesday							
04/30/20	Thursday							
05/01/20	Friday							
05/02/20	Saturday							
05/03/20	Sunday							
05/04/20	Monday							
05/05/20	Tuesday							
05/06/20	Wednesday							
05/07/20	Thursday							
05/08/20	Friday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: May 9, 2020 To: May 22, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
05/09/20	Saturday							
05/10/20	Sunday							
05/11/20	Monday							
05/12/20	Tuesday							
05/13/20	Wednesday							
05/14/20	Thursday							
05/15/20	Friday							
05/16/20	Saturday							
05/17/20	Sunday							
05/18/20	Monday							
05/19/20	Tuesday							
05/20/20	Wednesday							
05/21/20	Thursday							
05/22/20	Friday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: May 23, 2020 To: June 8, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
05/23/20	Saturday							
05/24/20	Sunday							
05/25/20	Monday <i>Memorial Day</i>							
05/26/20	Tuesday							
05/27/20	Wednesday							
05/28/20	Thursday							
05/29/20	Friday							
05/30/20	Saturday							
05/31/20	Sunday							
06/01/20	Monday							
06/02/20	Tuesday							
06/03/20	Wednesday							
06/04/20	Thursday							
06/05/20	Friday							
06/06/20	Saturday							
06/07/20	Sunday							
06/08/20	Monday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ **Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: June 9, 2020 To: June 23, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
06/09/20	Tuesday							
06/10/20	Wednesday							
06/11/20	Thursday							
06/12/20	Friday							
06/13/20	Saturday							
06/14/20	Sunday							
06/15/20	Monday							
06/16/20	Tuesday							
06/17/20	Wednesday							
06/18/20	Thursday							
06/19/20	Friday							
06/20/20	Saturday							
06/21/20	Sunday							
06/22/20	Monday							
06/23/20	Tuesday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ **Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: June 24, 2020 To: July 8, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
06/24/20	Wednesday							
06/25/20	Thursday							
06/26/20	Friday							
06/27/20	Saturday							
06/28/20	Sunday							
06/29/20	Monday							
06/30/20	Tuesday							
07/01/20	Wednesday							
07/02/20	Thursday							
07/03/20	Friday <i>Independence Day Observed</i>							
07/04/20	Saturday							
07/05/20	Sunday							
07/06/20	Monday							
07/07/20	Tuesday							
07/08/20	Wednesday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: July 9, 2020 To: July 24, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
07/09/20	Thursday							
07/10/20	Friday							
07/11/20	Saturday							
07/12/20	Sunday							
07/13/20	Monday							
07/14/20	Tuesday							
07/15/20	Wednesday							
07/16/20	Thursday							
07/17/20	Friday							
07/18/20	Saturday							
07/19/20	Sunday							
07/20/20	Monday							
07/21/20	Tuesday							
07/22/20	Wednesday							
07/23/20	Thursday							
07/24/20	Friday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ****Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: July 25, 2020 To: August 7, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
07/25/20	Saturday							
07/26/20	Sunday							
07/27/20	Monday							
07/28/20	Tuesday							
07/29/20	Wednesday							
07/30/20	Thursday							
07/31/20	Friday							
08/01/20	Saturday							
08/02/20	Sunday							
08/03/20	Monday							
08/04/20	Tuesday							
08/05/20	Wednesday							
08/06/20	Thursday							
08/07/20	Friday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: August 8, 2020 To: August 24, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
08/08/20	Saturday							
08/09/20	Sunday							
08/10/20	Monday							
08/11/20	Tuesday							
08/12/20	Wednesday							
08/13/20	Thursday							
08/14/20	Friday							
08/15/20	Saturday							
08/16/20	Sunday							
08/17/20	Monday							
08/18/20	Tuesday							
08/19/20	Wednesday							
08/20/20	Thursday							
08/21/20	Friday							
08/22/20	Saturday							
08/23/20	Sunday							
08/24/20	Monday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ **Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: August 25, 2020 To: September 8, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
08/25/20	Tuesday							
08/26/20	Wednesday							
08/27/20	Thursday							
08/28/20	Friday							
08/29/20	Saturday							
08/30/20	Sunday							
08/31/20	Monday							
09/01/20	Tuesday							
09/02/20	Wednesday							
09/03/20	Thursday							
09/04/20	Friday							
09/05/20	Saturday							
09/06/20	Sunday							
09/07/20	Monday <i>Labor Day</i>							
09/08/20	Tuesday							
	TOTAL*							TOTAL:

***Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.**

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: September 9, 2020 To: September 23, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
09/09/20	Wednesday							
09/10/20	Thursday							
09/11/20	Friday							
09/12/20	Saturday							
09/13/20	Sunday							
09/14/20	Monday							
09/15/20	Tuesday							
09/16/20	Wednesday							
09/17/20	Thursday							
09/18/20	Friday							
09/19/20	Saturday							
09/20/20	Sunday							
09/21/20	Monday							
09/22/20	Tuesday							
09/23/20	Wednesday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: September 24, 2020 To: October 8, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
09/24/20	Thursday							
09/25/20	Friday							
09/26/20	Saturday							
09/27/20	Sunday							
09/28/20	Monday							
09/29/20	Tuesday							
09/30/20	Wednesday							
10/01/20	Thursday							
10/02/20	Friday							
10/03/20	Saturday							
10/04/20	Sunday							
10/05/20	Monday							
10/06/20	Tuesday							
10/07/20	Wednesday							
10/08/20	Thursday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ **Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: _____ October 9, 2020 _____ To: _____ October 23, 2020 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
10/09/20	Friday							
10/10/20	Saturday							
10/11/20	Sunday							
10/12/20	Monday							
10/13/20	Tuesday							
10/14/20	Wednesday							
10/15/20	Thursday							
10/16/20	Friday							
10/17/20	Saturday							
10/18/20	Sunday							
10/19/20	Monday							
10/20/20	Tuesday							
10/21/20	Wednesday							
10/22/20	Thursday							
10/23/20	Friday							
	TOTAL							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____
 *I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ****Note: Overtime should be authorized in advance.**

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: _____ October 24, 2020 _____ To: _____ November 6, 2020 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
10/24/20	Saturday							
10/25/20	Sunday							
10/26/20	Monday							
10/27/20	Tuesday							
10/28/20	Wednesday							
10/29/20	Thursday							
10/30/20	Friday							
10/31/20	Saturday							
11/01/20	Sunday <i>End Daylight Savings</i>							
11/02/20	Monday							
11/03/20	Tuesday							
11/04/20	Wednesday							
11/05/20	Thursday							
11/06/20	Friday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: _____ November 7, 2020 _____ To: _____ November 23, 2020 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
11/07/20	Saturday							
11/08/20	Sunday							
11/09/20	Monday							
11/10/20	Tuesday							
11/11/20	Wednesday <i>Veteran's Day</i>							
11/12/20	Thursday							
11/13/20	Friday							
11/14/20	Saturday							
11/15/20	Sunday							
11/16/20	Monday							
11/17/20	Tuesday							
11/18/20	Wednesday							
11/19/20	Thursday							
11/20/20	Friday							
11/21/20	Saturday							
11/22/20	Sunday							
11/23/20	Monday							
	TOTAL*							TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____

*I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: November 24, 2020 To: December 8, 2020

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours**	
11/24/20	Tuesday							
11/25/20	Wednesday							
11/26/20	Thursday <i>Thanksgiving Day</i>							
11/27/20	Friday							
11/28/20	Saturday							
11/29/20	Sunday							
11/30/20	Monday							
12/01/20	Tuesday							
12/02/20	Wednesday							
12/03/20	Thursday							
12/04/20	Friday							
12/05/20	Saturday							
12/06/20	Sunday							
12/07/20	Monday							
12/08/20	Tuesday							
	TOTAL*							TOTAL:

*Employee: Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in REMARKS.

Employee's Signature: _____ Date: _____
 *I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ *Note: Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: _____ December 9, 2020 _____ To: _____ December 24, 2020 _____

Employee Status: Full Time Part Time

Date	Day	Hours Worked				Total Hours		REMARKS
		Time in Morning	Time out Morning	Time in Afternoon	Time out Afternoon	Regular Hours	Overtime Hours	
12/09/20	Wednesday							
12/10/20	Thursday							
12/11/20	Friday							
12/12/20	Saturday							
12/13/20	Sunday							
12/14/20	Monday							
12/15/20	Tuesday							
12/16/20	Wednesday							
12/17/20	Thursday							
12/18/20	Friday							
12/19/20	Saturday							
12/20/20	Sunday							
12/21/20	Monday							
12/22/20	Tuesday							
12/23/20	Wednesday							
12/24/20	Thursday <i>Christmas Eve</i>							
TOTAL*								TOTAL:

***Employee:** Total each day's column and weekly total. Indicate holidays, vacation, sick, leaves, or other in **REMARKS**.

Employee's Signature: _____ Date: _____
 *I declare under penalty of perjury that I have accurately recorded all of the hours I worked, I have received all of the meal periods to which I was entitled based on the number of hours I worked, and I have had the opportunity to make any necessary corrections to this time record before I signed it.

SUPERVISOR: Indicate total hours of overtime to be paid: _____ ***Note:** Overtime should be authorized in advance.

Supervisor's Signature: _____ Date Approved: _____