

Employee Time Record

Semi-Monthly Time Record

NAME OF EMPLOYEE: _____ LOCATION: _____

PAY PERIOD: _____ December 25, 2020 _____ To: _____ January 8, 2021 _____

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**	
12/25/20	Friday <i>Christmas Day</i>							
12/26/20	Saturday							
12/27/20	Sunday							
12/28/20	Monday							
12/29/20	Tuesday							
12/30/20	Wednesday							
12/31/20	Thursday <i>New Year's Eve</i>							
01/01/21	Friday <i>New Year's Day</i>							
01/02/21	Saturday							
01/03/21	Sunday							
01/04/21	Monday							
01/05/21	Tuesday							
01/06/21	Wednesday							
01/07/21	Thursday							
01/08/21	Friday							
	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 9, 2021 _____ To: _____ January 22, 2021 _____

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**	
01/09/21	Saturday							
01/10/21	Sunday							
01/11/21	Monday							
01/12/21	Tuesday							
01/13/21	Wednesday							
01/14/21	Thursday							
01/15/21	Friday							
01/16/21	Saturday							
01/17/21	Sunday							
01/18/21	Monday <i>MLK Day</i>							
01/19/21	Tuesday							
01/20/21	Wednesday							
01/21/21	Thursday							
01/22/21	Friday							
	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 23, 2021 To: February 5, 2021

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	
01/23/21	Saturday							
01/24/21	Sunday							
01/25/21	Monday							
01/26/21	Tuesday							
01/27/21	Wednesday							
01/28/21	Thursday							
01/29/21	Friday							
01/30/21	Saturday							
01/31/21	Sunday							
02/01/21	Monday							
02/02/21	Tuesday							
02/03/21	Wednesday							
02/04/21	Thursday							
02/05/21	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 6, 2021 _____ To: _____ February 19, 2021 _____

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	
02/06/21	Saturday							
02/07/21	Sunday							
02/08/21	Monday							
02/09/21	Tuesday							
02/10/21	Wednesday							
02/11/21	Thursday							
02/12/21	Friday							
02/13/21	Saturday							
02/14/21	Sunday							
02/15/21	Monday <i>Presidents Day</i>							
02/16/21	Tuesday							
02/17/21	Wednesday							
02/18/21	Thursday							
02/19/21	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 20, 2021 _____ To: _____ March 8, 2021 _____

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**	
02/20/21	Saturday							
02/21/21	Sunday							
02/22/21	Monday							
02/23/21	Tuesday							
02/24/21	Wednesday							
02/25/21	Thursday							
02/26/21	Friday							
02/27/21	Saturday							
02/28/21	Sunday							
03/01/21	Monday							
03/02/21	Tuesday							
03/03/21	Wednesday							
03/04/21	Thursday							
03/05/21	Friday							
03/06/21	Saturday							
03/07/21	Sunday							
03/08/21	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: March 9, 2021 To: March 24, 2021

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	
03/09/21	Tuesday							
03/10/21	Wednesday							
03/11/21	Thursday							
03/12/21	Friday							
03/13/21	Saturday							
03/14/21	Sunday <i>Daylight Savings Time Begins</i>							
03/15/21	Monday							
03/16/21	Tuesday							
03/17/21	Wednesday							
03/18/21	Thursday							
03/19/21	Friday							
03/20/21	Saturday							
03/21/21	Sunday							
03/22/21	Monday							
03/23/21	Tuesday							
03/24/21	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: March 25, 2021 To: April 8, 2021

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	
03/25/21	Thursday							
03/26/21	Friday							
03/27/21	Saturday							
03/28/21	Sunday <i>Palm Sunday</i>							
03/29/21	Monday							
03/30/21	Tuesday							
03/31/21	Wednesday							
04/01/21	Thursday <i>Holy Thursday</i>							
04/02/21	Friday <i>Good Friday</i>							
04/03/21	Saturday							
04/04/21	Sunday							
04/05/21	Monday <i>Easter Monday</i>							
04/06/21	Tuesday							
04/07/21	Wednesday							
04/08/21	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 9, 2021 To: April 23, 2021

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	
04/09/21	Friday							
04/10/21	Saturday							
04/11/21	Sunday							
04/12/21	Monday							
04/13/21	Tuesday							
04/14/21	Wednesday							
04/15/21	Thursday							
04/16/21	Friday							
04/17/21	Saturday							
04/18/21	Sunday							
04/19/21	Monday							
04/20/21	Tuesday							
04/21/21	Wednesday							
04/22/21	Thursday							
04/23/21	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: April 24, 2021 To: May 7, 2021

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	
04/24/21	Saturday							
04/25/21	Sunday							
04/26/21	Monday							
04/27/21	Tuesday							
04/28/21	Wednesday							
04/29/21	Thursday							
04/30/21	Friday							
05/01/21	Saturday							
05/02/21	Sunday							
05/03/21	Monday							
05/04/21	Tuesday							
05/05/21	Wednesday							
05/06/21	Thursday							
05/07/21	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 8, 2021 To: May 21, 2021

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**	
05/08/21	Saturday							
05/09/21	Sunday							
05/10/21	Monday							
05/11/21	Tuesday							
05/12/21	Wednesday							
05/13/21	Thursday							
05/14/21	Friday							
05/15/21	Saturday							
05/16/21	Sunday							
05/17/21	Monday							
05/18/21	Tuesday							
05/19/21	Wednesday							
05/20/21	Thursday							
05/21/21	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 22, 2021 To: June 8, 2021

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**	
05/22/21	Saturday							
05/23/21	Sunday							
05/24/21	Monday							
05/25/21	Tuesday							
05/26/21	Wednesday							
05/27/21	Thursday							
05/28/21	Friday							
05/29/21	Saturday							
05/30/21	Sunday							
05/31/21	Monday <i>Memorial Day</i>							
06/01/21	Tuesday							
06/02/21	Wednesday							
06/03/21	Thursday							
06/04/21	Friday							
06/05/21	Saturday							
06/06/21	Sunday							
06/07/21	Monday							
06/08/21	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 9, 2021 To: June 23, 2021

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	
06/09/21	Wednesday							
06/10/21	Thursday							
06/11/21	Friday							
06/12/21	Saturday							
06/13/21	Sunday							
06/14/21	Monday							
06/15/21	Tuesday							
06/16/21	Wednesday							
06/17/21	Thursday							
06/18/21	Friday							
06/19/21	Saturday							
06/20/21	Sunday							
06/21/21	Monday							
06/22/21	Tuesday							
06/23/21	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: _____ June 24, 2021 _____ To: _____ July 8, 2021 _____

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	
06/24/21	Thursday							
06/25/21	Friday							
06/26/21	Saturday							
06/27/21	Sunday							
06/28/21	Monday							
06/29/21	Tuesday							
06/30/21	Wednesday							
07/01/21	Thursday							
07/02/21	Friday							
07/03/21	Saturday							
07/04/21	Sunday							
07/05/21	Monday <i>Independence Day Observed</i>							
07/06/21	Tuesday							
07/07/21	Wednesday							
07/08/21	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: July 9, 2021 To: July 23, 2021

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**	
07/09/21	Friday							
07/10/21	Saturday							
07/11/21	Sunday							
07/12/21	Monday							
07/13/21	Tuesday							
07/14/21	Wednesday							
07/15/21	Thursday							
07/16/21	Friday							
07/17/21	Saturday							
07/18/21	Sunday							
07/19/21	Monday							
07/20/21	Tuesday							
07/21/21	Wednesday							
07/22/21	Thursday							
07/23/21	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 24, 2021 To: August 6, 2021

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	
07/24/21	Saturday							
07/25/21	Sunday							
07/26/21	Monday							
07/27/21	Tuesday							
07/28/21	Wednesday							
07/29/21	Thursday							
07/30/21	Friday							
07/31/21	Saturday							
08/01/21	Sunday							
08/02/21	Monday							
08/03/21	Tuesday							
08/04/21	Wednesday							
08/05/21	Thursday							
08/06/21	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 7, 2021 To: August 24, 2021

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	
08/07/21	Saturday							
08/08/21	Sunday							
08/09/21	Monday							
08/10/21	Tuesday							
08/11/21	Wednesday							
08/12/21	Thursday							
08/13/21	Friday							
08/14/21	Saturday							
08/15/21	Sunday							
08/16/21	Monday							
08/17/21	Tuesday							
08/18/21	Wednesday							
08/19/21	Thursday							
08/20/21	Friday							
08/21/21	Saturday							
08/22/21	Sunday							
08/23/21	Monday							
08/24/21	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: August 25, 2021 To: September 8, 2021

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	
08/25/21	Wednesday							
08/26/21	Thursday							
08/27/21	Friday							
08/28/21	Saturday							
08/29/21	Sunday							
08/30/21	Monday							
08/31/21	Tuesday							
09/01/21	Wednesday							
09/02/21	Thursday							
09/03/21	Friday							
09/04/21	Saturday							
09/05/21	Sunday							
09/06/21	Monday <i>Labor Day</i>							
09/07/21	Tuesday							
09/08/21	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 9, 2021 To: September 23, 2021

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	
09/09/21	Thursday							
09/10/21	Friday							
09/11/21	Saturday							
09/12/21	Sunday							
09/13/21	Monday							
09/14/21	Tuesday							
09/15/21	Wednesday							
09/16/21	Thursday							
09/17/21	Friday							
09/18/21	Saturday							
09/19/21	Sunday							
09/20/21	Monday							
09/21/21	Tuesday							
09/22/21	Wednesday							
09/23/21	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: September 24, 2021 To: October 8, 2021

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**	
09/24/21	Friday							
09/25/21	Saturday							
09/26/21	Sunday							
09/27/21	Monday							
09/28/21	Tuesday							
09/29/21	Wednesday							
09/30/21	Thursday							
10/01/21	Friday							
10/02/21	Saturday							
10/03/21	Sunday							
10/04/21	Monday							
10/05/21	Tuesday							
10/06/21	Wednesday							
10/07/21	Thursday							
10/08/21	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 9, 2021 _____ To: _____ October 22, 2021 _____

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**	
10/09/21	Saturday							
10/10/21	Sunday							
10/11/21	Monday							
10/12/21	Tuesday							
10/13/21	Wednesday							
10/14/21	Thursday							
10/15/21	Friday							
10/16/21	Saturday							
10/17/21	Sunday							
10/18/21	Monday							
10/19/21	Tuesday							
10/20/21	Wednesday							
10/21/21	Thursday							
10/22/21	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 23, 2021 _____ To: _____ November 8, 2021 _____

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	
10/23/21	Saturday							
10/24/21	Sunday							
10/25/21	Monday							
10/26/21	Tuesday							
10/27/21	Wednesday							
10/28/21	Thursday							
10/29/21	Friday							
10/30/21	Saturday							
10/31/21	Sunday							
11/01/21	Monday							
11/02/21	Tuesday							
11/03/21	Wednesday							
11/04/21	Thursday							
11/05/21	Friday							
11/06/21	Saturday							
11/07/21	Sunday <i>End Daylight Savings</i>							
11/08/21	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 9, 2021 _____ To: _____ November 23, 2021 _____

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	
11/09/21	Tuesday							
11/10/21	Wednesday							
11/11/21	Thursday <i>Veteran's Day</i>							
11/12/21	Friday							
11/13/21	Saturday							
11/14/21	Sunday							
11/15/21	Monday							
11/16/21	Tuesday							
11/17/21	Wednesday							
11/18/21	Thursday							
11/19/21	Friday							
11/20/21	Saturday							
11/21/21	Sunday							
11/22/21	Monday							
11/23/21	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: November 24, 2021 To: December 8, 2021

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**	
11/24/21	Wednesday							
11/25/21	Thursday <i>Thanksgiving Day</i>							
11/26/21	Friday							
11/27/21	Saturday							
11/28/21	Sunday							
11/29/21	Monday							
11/30/21	Tuesday							
12/01/21	Wednesday							
12/02/21	Thursday							
12/03/21	Friday							
12/04/21	Saturday							
12/05/21	Sunday							
12/06/21	Monday							
12/07/21	Tuesday							
12/08/21	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: _____ December 9, 2021 _____ To: _____ December 24, 2021 _____

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	
12/09/21	Thursday							
12/10/21	Friday							
12/11/21	Saturday							
12/12/21	Sunday							
12/13/21	Monday							
12/14/21	Tuesday							
12/15/21	Wednesday							
12/16/21	Thursday							
12/17/21	Friday							
12/18/21	Saturday							
12/19/21	Sunday							
12/20/21	Monday							
12/21/21	Tuesday							
12/22/21	Wednesday							
12/23/21	Thursday							
12/24/21	Friday <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: _____