

# [Company Name]

Street Address

Address 2

Address 3

City, St, Zip

Phone

Fax

E-mail

Week ending

8/27/2006

Employee:

Manager:

Employee phone:

Employee e-mail:

Tax ID#:

Day	In	Out	In	Out	Regular Hrs.	Overtime Hrs.
Monday	8:00	11:00	12:00	18:00	8.00	1.00
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hrs.					8.00	1.00
Hourly Rate						
Total Pay						