

Employee Time Record

Time Records must be completed electronically. Supervisors must initial all changes. ★ *Accuracy is essential.*

Employee Information

Name _____ Empl ID _____ Empl Rec _____

Title _____ Department _____

Phone Number _____ Email _____

Time Record Details

Period Ending–Year _____ Period Ending–Month _____

Paid on _____ % of time _____ Rate _____

Date	Day	AM Time In*	AM Time Out*	PM Time In*	PM Time Out*	Hours
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
Total Hours						

**Round time to the nearest quarter hour.*

Regular Hours Worked	Hours Absent with Pay	Total Hours Reported

Certification

I certify that this is a correct and complete record of the hours worked this pay period.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____