



Employee Time Report

(Adjusted Work Schedule)

Name: Last: _____ First: _____ Middle: _____

Department: _____

Work Week:	From				To			
	month	day	year	month	day	year		

Day	Hours Worked	Annual Leave	Sick Leave	Holiday	Total Hours
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total Hours					

Employee Signature: _____

Date: _____

Approved by: _____

(immediate supervisor)

Date: _____