



Employee Weekly Time Report

Employee: _____ Employee ID: _____ Full-time Part-Time

Property Address (If working at different properties, turn in a time card for each property.):

Pay Period: _____

Day	Date MM-DD	Time Reported In	Time Reported Out	Time Excluded For Meals	Total Hours Worked	Leave Hours Used	Type of Leave used
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours this week							

Overtime must be approved.

Employee hereby acknowledges that to the best of their knowledge the information provided is accurate and complete; and that all meal periods/breaks that they are entitled to have been received and taken and that all overtime has been reported. .

Signature _____ Date _____