Month:

Employee name:	Status: [Full-time, Part-time]		
Department:	Hourly rate:		
Title:	Supervisor:		

Day of the Month	Start Time	Break Time	End Time	Paid Time Off	Regular Hours	Overtime Hours	Total Work Hours
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							
11th							
12th							
13th							
14th							
15th							
16th							
17th							
18th							
19th							
20th							
21st							
22nd							
23rd							
24th							
25th							
26th							
27th							
28th							

30th 31st							
MONTHLY TOTALS TOTAL PAY							

Employee signature:	Date:
Supervisor signature:	Date: