

Employee Name: _____ Position: _____

Department: _____ Supervisor: _____

Date	Hours:	Description of Work:	Notes:
Weekly Total Hours			

I understand that my typed name below shall serve as my signature on this document (click the box if you agree) <input type="checkbox"/>	
Employee signature: _____	Date: _____
I understand that my typed name below shall serve as my signature on this document (click the box if you agree) <input type="checkbox"/>	
Supervisor signature: _____	Date: _____