



TIME SHEET

RECORD OF HOURS WORKED

Date: From _____ To _____

EMPLOYEE _____

ADDRESS _____

CITY _____

Address of Employment _____

City _____

DATE		LIST HOURS (Example: 8:30 am -10:30 am 2:15 pm - 4:00 pm)	TOTAL HOURS
Mo.	Day		

NOTE: Explain reason for any hours worked over and above those agreed upon in contract; _____

This record required by Industrial Welfare Commission Order No. 557 (To be filed with employer semi-monthly.)

I certify the above time record is complete and accurate.

Employee Signature: _____



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