Record of Weekly Hours Worked

Parish/School _____ Employee I.D. #_____

Employee: _____

Time Reported for Week Beginning: _____/_____/_____ Ending _____/_____/_____

Date	**Day**	**AM Start Time**	**AM End Time**	**PM Start Time**	**PM End Time**	**Total Daily Hours**
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
					Total Week Hours	

Time Reported for Week Beginning: _____/_____/_____ Ending _____/_____/_____

Date	**Day**	**AM Start Time**	**AM End Time**	**PM Start Time**	**PM End Time**	**Total Daily Hours**
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
					Total Week Hours	

☐ Overtime Hours Approved by Employee Supervisor (any hours worked over 40 in the work week)

_____ _____

Signature of Employee Date Signature of Pastor/Principal/ Supervisor Date