				eclockwizai y Timeshe				
				Week of:		-		
Employee:				Hourly rate:		Overtime:		_
Department: Supervisor:								
	Date	Regular	Overtime	Vacation	Sick	Other Paid	Unpaid	Total
Sun Mon								
Tue								
Wed								
Thu								
Fri Sat								
Sat								
Totals								]
						Hours Paid: Hours Unpaid: Gross Pay:		0.00

Employee signature

Date

Supervisor signature

Date