



Sponsored by the University of Colorado at Boulder

Employee Work Record

Employee Name: _____

All time entries should be in pen (no pencil). Any entries that are crossed out/whited out or otherwise altered should be initialed by the supervisor.

Month/Day								
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Time In								
Time Out								Total Hours
Total Hours								

Month/Day								
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Time In								
Time Out								Total Hours
Total Hours								
								2 Week Total

Certification: "I certify hours and minutes shown herein are a complete and accurate record of time worked each day and for the reporting period".

Employee signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Print Name of supervisor: _____

(Supervisor name and signature should be from the same person, and should be from someone who is listed in our files as an approved supervisor)