

HOURLY SUBMISSION FORM FOR PART-TIME HOURLY EMPLOYEES

NAME _____

DATE: FROM ______ TO _____

| FRIDAY | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | WEEKLY TOTAL |
|--------|----------|--------|--------|---------|-----------|----------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| FRIDAY | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

TOTAL HOURS: _____

AUTHORIZING SIGNATURE: _____

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