



NAME _____

CONSUMER WORK HOURS

Month _____ / Year _____

1st – 15th

1st Pay Period

Date	Time IN/OUT	Meal	Time IN/OUT	WORKED	VAC	S/P	Dept	Dept	Other
TOTAL HOURS									

CONSUMER SIGNATURE _____

SUPERVISOR SIGNATURE _____

16th – End of the Month

2nd Pay Period

Date	Time IN/OUT	Meal	Time IN/OUT	WORKED	VAC	S/P	Dept	Dept	Other
TOTAL HOURS									

CONSUMER SIGNATURE _____

SUPERVISOR SIGNATURE _____