

No. \_\_\_\_\_ Week Ending \_\_\_\_\_

Name \_\_\_\_\_

MON.	A M	IN		
		OUT		
	P M	IN		
		OUT		
TUE.	A M	IN		
		OUT		
	P M	IN		
		OUT		
WED.	A M	IN		
		OUT		
	P M	IN		
		OUT		
THU.	A M	IN		
		OUT		
	P M	IN		
		OUT		
FRI.	A M	IN		
		OUT		
	P M	IN		
		OUT		
SAT.	A M	IN		
		OUT		
	P M	IN		
		OUT		
SUN.	A M	IN		
		OUT		
	P M	IN		
		OUT		

SIGNATURE \_\_\_\_\_

9791



OVERTIME HOURS			
	IN		
	OUT		
	IN		
	OUT		
	IN		
	OUT		
	IN		
	OUT		
	IN		
	OUT		

NUMBER OF DEPENDENTS			
EARNINGS		AMOUNT	
Regular Hours @ _____			
Overtime Hours @ _____			
GROSS EARNINGS		\$	
DEDUCTIONS			
SOCIAL SECURITY			
FED. TAX			
STATE TAX			
INSURANCE			
TOTAL DEDUCTIONS		\$	
NET EARNINGS		\$	
CHECK NO. _____			
DATE _____			