



Name
Pay Periods

Site and Number	
Site and Number	
Site and Number	
Site and Number	

Date	In	Out	Reg	OT	Train Reg	Train OT	Hol Reg	Hol OT	Pers	Vac	TOTAL
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
TOTAL			R	OT	T	TO	H Reg	H O	P	V	

Total hours worked this pay period: _____

I certify that the above listed hours are true and accurate to the best of my knowledge. I understand that any falsification of this documentation may result in the termination of my employment with Life Center, Inc.

Employee Signature Date

Supervisor Signature Date

Signature of Person Receiving Services/Guardian Date

Signature of Person Receiving Services/Guardian Date