

PAY PERIOD 1

Adding Quality to Life

Last Name				First Name				M.I.							Employee	: #	Period Ends 12/30/16
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total			
12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30		_		_
															Regular Hours	102	
															Overtime	110	Hourly Rate
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
																	_
															TOTAI	LS	
																	_
Notes:														Hours	Worked		
					l de	eclare under the	ne applicable p	penalties of lav	w that to the b	est of my knov	vledge this info	ormation is co	rrect				
					Employee Signature									Authorized Signature			

2017