

PAY PERIOD 18

Adding Quality to Life

Last Name				First Name				M.I.							Employee	#	Period Ends 08/25/17
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total			
8/12	8/13	8/14	8/15	8/16	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25		_		
															Regular Hours	102	
															Overtime	110	Hourly Rate
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															G/L#		
															TOTAI	S	
Notes:														Hours	Worked		
					I declare under the applicable penalties of law that to the best of my knowledge this information is correct												
					Employee Signature									Authorized Signature			

2017