



Client _____

Week Ending _____

Employee _____

Day	Date	Location	Time In	Time Out	Less Breaks	Total Hours
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						

Client Signature _____
(Client signature confirms acceptance of work performed)

Employee Signature _____

** If there will be any changes in your schedule for next week, please list times and dates of changes below.
 Thank You

Next Weeks Planned Hours

Sun	Mon	Tue	Wed	Thu	Fri	Sat	