Payroll Date_____

Name: _____ ____**Custodian**

____**Food Service**

Building: _____ ____**Other**

DATE	IN	OUT	IN	OUT	Total Hours
TOTAL					
DATE	**IN**	**OUT**	**IN**	**OUT**	**Total Hours**
TOTAL					

Total Regular Hours for this period _____

_____ _____

Employee Signature **Supervisor's Signature**