



RECORD OF HOURS WORKED

CLIENT: _____ EMPLOYEE: _____

PERIOD: _____

Date	Standard hours	Weekday overtime	Weekend overtime	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total	0	0	0	

Employee signature: _____

Client signature: _____

Please e-mail to clientservice@sigma-cs.com