WEEKLY EMPLOYEE TIME LOG SUMMARY

Employee's Name: _____ Begin Date _____ Ending Date_____

DATE	Day	START TIME	INT	TIME LEFT FOR LUNCH OR OTHER REASONS	INIT	TIME RETURNED FORM LUNCH OR OTHER	INIT	TIME STOPPED WORK	INIT	TOTAL TIME FOR DAY	COMMENTS
	SAT										
	SUN										
	MON										
	TUE										
	WED										
	THU										
	FRI										
TOTAL HOURS FOR THE WEEK											

NOTES: START TIME = YOUR DESIGNATED START TIME OR IF U ARE LATE THE ACTUAL TIME YOU ARRIVED. YOU MAY ARRIVE EARLY BUT YOU ARE NOT AUTHORIZED TO START WORK UNTIL YOUR DESIGNATED START TIME.

LUNCH: EVERYONE IS REQUIRED TO TAKE A 1 HOUR LUNCH. IF YOU ONLY TAKE ½ HOUR WE WILL STILL DEDUCT 1 HOUR UNLESS A SEPARATE AGREEMENT HAS BEEN AGREED TO IN WRITING WITH ROBERT CONTE. NO TAKING ½ FOR LUNCH AND GETTING OFF ½ EARLY.

STOP TIME: EACH EMPLOYEE HAS A DESIGNATED SCHEDULE WITH A SPECIFIC START TIME AND END TIME. NO OVERTIME IS ALLOWED UNLESS AGREED TO IN WRITING IN ADVANCE. IF YOU LEAVE EARLY THEN YOUR END TIME IS THE TIME YOU LEFT. IF YOU CHOOSE TO STAY EXTRA AFTER YOUR DESIGNATED END TIME YOU WILL NOT BE PAID FOR THIS TIME UNLESS YOU HAVE OBTAINED WRITTEN AUTHORIZATION IN ADVANCE. ALL REQUESTED FOR TIME OFF SHOULD BE SUBMITTED IN WRITING. REQUEST FOR TIME OFF SHOULD BE SCHEDULE AT LEAST 2 WEEKS IN ADVANCE AND IN GENERAL BETWEEN THE 15TH AND 28TH OF THE MONTH WHEN ACTIVITY SLOWS DOWN. APPROVAL OF DENIAL OF REQUEST WILL BE IN WRITING. EACH SLOT SHALL BE INITIALED BY OFFICE MANAGER OR WHOMEVER IS IN CHARGE AT THAT MOMENT.

OVERTIME: OVERTIME IS NEVER AUTHORIZED WITHOUT WRITTEN APPROVAL IN ADVANCE. IN THE EVENT OF AN EMERGENCY OVERTIME WILL BE AUTHORIZED AS LONG AS VERBAL OR WRITTEN APPROVAL HAS BEEN OBTAINED FROM ON-SITE MANAGER. A DETAILED WORK ORDER SHALL CLEARLY INDICATE WHAT WAS DONE, THE START TIME, FINISH TIME AND SUBMITTED TO REGIONAL SUPERVISOR AS SOON AS THE OFFICE OPENS. WORK ORDER WILL BE REVIEWED. VERIFIED, APPROVED AND THEN SUBMITTED ALONG WITH THIS TIME SHEET EACH WEEK FOR SUBMITTAL THRU PAYROLL.

EMPLOYEES SIGNATURE _____

REVIEWED AND APPROVED BY _____ DATED _____