

Garrison Forest School

Weekly Time Record

Department: _____

Name: _____

Week Ending: _____

Address: _____

	Date	Morning		Afternoon		Total Hours
		in	out	in	out	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Hours						

X Hourly Rate: _____

TOTAL DUE: _____

Employee Signature: _____

Date: _____

GFS Departmental Approval: _____

Date: _____