

Name (please print) _____

Week Ending (Saturday ending date) _____

Day	Regular Hours	Holiday	Overtime Hours				Sick	Vacation	Other **
			Pay	x 1.5*	Comp Earned	x 1.5*			
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Payroll Hours			PR Total		Post Total				

***If Applicable** (See contract)

****Examples:** Call-in, Jury Duty, Comp used, etc.

Signature of Employee _____

Approved by _____

Form WA-10/06

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