

WEEKLY TIME RECORD

Town of Waterboro

24 Townhouse Road
E. Waterboro, Maine 04030

Account _____

Admin Initial _____

Employee Name: _____

Week Ending _____

Department: _____

Employee # _____

Position: DRIVER EMT-B EMT-1 EMT-P Amount _____

Breakdown of hours

Day	Time In	Time Out	Time In	Time Out	Regular	Overtime	Holiday	Sick	Vacation	Other
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Totals:										

TOTAL HOURS - Week: _____

Employee Signature: _____

Payroll: _____

Supervisor Signature: _____

Date: _____

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