Employee:
Location:
Supervisor:

Month:

Day of the Month	Day of the Week	Shift Start Time	Break Start Time	Break End Time	Shift End Time	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
					Total Hours	

According to the Department of Labor, if you work more than 6 consecutive hours, you must take a 30-minute unpaid break.

Employee Signature _____

Supervisor Signature _____

Date _____

Date: _____

Employee:
Location:
Supervisor:

Month:

Day of the Month	Day of the Week	Shift Start Time	Break Start Time	Break End Time	End Time	Total Hours
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
					Total Hours	

According to the Department of Labor, if you work more than 6 consecutive hours, you must take a 30-minute unpaid break.

Employee Signature_____   **Supervisor Signature** _____

Date _____   **Date** _____