

# TEMPORARY APARTMENT MANAGEMENT

FAX 678-714-7640

EMPLOYEE NAME - PRINT

TIME

WEEK ENDING DATE

DAY	DATE	PROPERTY	IN	LUNCH BEGIN	LUNCH END	OUT	NET HOURS	MANAGEMENT SIGNATURE	P.O. #	
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										
<b>TOTAL</b>										

EMPLOYEE SIGNATURE