

RECORD OF WORK

If you work the same hours every week for **ONLY 1 EMPLOYER OR AN AGENCY**:

	TIME YOU BEGAN WORK	TIME YOU ENDED WORK	TIME YOU BEGAN 1 ST BREAK (if applicable)	TIME YOU FINISHED 1 ST BREAK (if applicable)	TIME YOU BEGAN 2 ND BREAK (if applicable)	TIME YOU ENDED 2 ND BREAK (if applicable)	ANY OTHER FREE TIME THAT YOU HAVE ON THIS DAY?	DATE OF PAYCHECK & \$ AMOUNT PAID
Sunday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	_____ : _____ to _____ : _____	
Monday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	_____ : _____ to _____ : _____	
Tuesday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	_____ : _____ to _____ : _____	
Wednes- day	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	_____ : _____ to _____ : _____	
Thursday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	_____ : _____ to _____ : _____	
Friday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	_____ : _____ to _____ : _____	
Saturday	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	<input type="checkbox"/> am _____ <input type="checkbox"/> pm	_____ : _____ to _____ : _____	

RECORD OF WORK

If you work for ONLY 1 EMPLOYER OR AN AGENCY and your hours change every week:

	TIME YOU BEGAN WORK	TIME YOU ENDED WORK	TIME YOU BEGAN 1 ST BREAK (if applicable)	TIME YOU FINISHED 1 ST BREAK (if applicable)	TIME YOU BEGAN 2 ND BREAK (if applicable)	TIME YOU ENDED 2 ND BREAK (if applicable)	ANY OTHER FREE TIME THAT YOU HAD ON THIS DAY?	DATE OF PAYCHECK & \$ AMOUNT PAID
Sunday Date: _____	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to :	
Monday Date: _____	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to :	
Tuesday Date: _____	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to :	
Wednesday Date: _____	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to :	
Thursday Date: _____	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to :	
Friday Date: _____	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to :	
Saturday Date: _____	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to :	

REGISTER OF WORK
If you work for MORE THAN 1 EMPLOYER

DATE	Employer & Their Address	Time you Began Working	Time you Finished Working	Time you Began Your Break (if applicable)	Time you Finished Your Break (if applicable)	Any other Free Time that you had on this day?	Date of Paycheck & \$ Amount Paid
		<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to ____ : ____	
		<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to ____ : ____	
		<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to ____ : ____	
		<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to ____ : ____	
		<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to ____ : ____	
		<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to ____ : ____	
		<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to ____ : ____	
		<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	<input type="checkbox"/> am ____ <input type="checkbox"/> pm	____ : ____ to ____ : ____	