

Employee Name _____ Employee No. _____

FIRST UNITED METHODIST CHURCH

Clermont, Florida

PAYROLL RECORD (CDC ___/Church ___)

	DATE	Time In	Time Out	Time In	Time Out	Total Hours
Mon.						0
Tues.						0
Wed.						0
Thurs.						0
Fri.						0
Sat.						0
Sun.						0
Mon.						0
Tues.						0
Wed.						0
Thurs.						0
Fri.						0
Sat.						0
Sun.						0
TOTAL HOURS						0

Absent days to be paid should be entered with explanation of the absence: vaction, sick, etc. and the appropriate hours.

Regular _____ Overtime _____ Vacation _____ Sick _____ Holiday _____

Other _____ TOTAL HOURS THIS PERIOD _____

Employee Signature

Supervisor Signature