

Weekly time record

Couch Trip LLC

[Street Address] _____
[Address 2] _____
[City, ST ZIP Code] _____

Employee: _____
Manager: _____
Employee phone: _____
Employee e-mail: _____

Week ending: _____

Day	Regular Hours	Off Duty Time	Start Time	End Time	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total hours					
Rate per hour					
Total pay					

Employee signature Date

Manager signature Date