Bloomfield-Garfield Corporation

5149 Penn Avenue Pittsburgh, PA 15224

Work Record

_____ _____

Employee Name Time Sheet Period

WEEK I					WEEK II			
Date	Time In	Time Out	Hours		Date	Time In	Time Out	Hours
Mon.					Mon.			
Tues.					Tues.			
Wed.					Wed.			
Thurs.					Thurs.			
Fri.					Fri.			
Sat.					Sat.			
Sun					Sun.			

Week I Subtotal _____ Week II Subtotal _____

TOTAL NUMBER OF HOURS THIS PAY PERIOD _____

Sick Days Used _____ Vacation Used _____ Personal Used _____

Sick Days Rem _____ Vacation Rem _____ Personal Rem _____

Holidays Used _____

Previous Comp Time _____

Comp Time Accumulated + _____

Comp Time Used - _____

Comp Time Remaining = _____

_____ _____

Employee Signature Supervisor Signature