

Manager Name:

Department:

Date:

| | Employee Name | Time In | Time Out | Total Hours | Signature |
|----|----------------------|----------------|-----------------|--------------------|------------------|
| 1 | | | | 0:00 | |
| 2 | | | | 0:00 | |
| 3 | | | | 0:00 | |
| 4 | | | | 0:00 | |
| 5 | | | | 0:00 | |
| 6 | | | | 0:00 | |
| 7 | | | | 0:00 | |
| 8 | | | | 0:00 | |
| 9 | | | | 0:00 | |
| 10 | | | | 0:00 | |

Manager Signature: _____

**Attendance
Total**