

**Manchester Recreation Division
Part-time Employee Time Card**

Employee: _____
Title: _____
Location: _____
Pay Period: _____

Supervisor Use Only

Hours: _____
Rate: _____
Acct. Number: _____

DAY	FRI	SAT	SUN	MON	TUE	WED	THU	SUB TOTAL	FRI	SAT	SUN	MON	TUE	WED	THU	SUB TOTAL	TOTAL HOURS
DATE																	
IN																	
OUT																	
IN																	
OUT																	
TOTAL																	
HOURS																	

I affirm that the above is a true record of the actual hours that I worked and I further affirm that in no case have I made any allowance in these hours to provide for any adjustments in my wage whatsoever.

Employee Signature

Director/Asst. Dir./Supervisor/Bldg.Dir. Signature

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