



Full Name: _____

Company: _____

ID / Passport No.: _____

Department: _____

Contact No.: _____

Email Address: _____

Day of the Week	Date			Work	Breaks / Lunch	Work	Normal Time	Overtime	Double Time	Shift Allowance	Comments	
	DAY	MONTH	YEAR	Example: 0700	Example: 1300 - 1400	Example: 1900						
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Total Hours:												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Total Hours:												
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Friday												
Saturday												
Sunday												
Total Hours:												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Total Hours:												

Manager Name: _____

Employee Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Signature: _____

Signature: _____