PAY PERIOD 26 2019

Adding Quality to Life

Last Name			First Name				M.I.							Employee #		Period Ends 12/13/19	
Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total			
11/30	12/1	12/2	12/3	12/4	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13				Hourly Rate
														-	Regular Hours	102	
															C##		
															G/L#		
															G/L#		
															G/L#		
														-	G/L#		
														-	G/L#		
														-	G/L#		
-	•	-	-	-	-	-	-	-	-	-	-	-	-	-	TOTALS		

Notes:		Hours Worked	
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	I declare under the applicable penalties of law that to the best of my knowledge this information is correct		
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	Employee Signature	Auth	norized Signature