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# Weekly Time Record



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DAY	DATE	TIME IN	TIME OUT	HOURS	TOTAL HOURS
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Alternate Certification Statement: I certify that I am on a fixed work schedule. My workdays are Monday through Friday. My work hours are indicated above. I did not work outside the hours of my fixed schedule, and all my work hours were spent performing Food Service duties. I certify that all the information is true and correct.

*An employee's withholding allowance certificate (W-4) must be on file in the Central office prior to payment.*

**TIMESHEETS MUST BE SUBMITTED VIA EMAIL IN ORDER TO RECEIVE A PAYCHECK**

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Manager Signature

\_\_\_\_\_  
 Date