SAFEWAY electric
WEEKLY HOURS VERIFICATION

JOB NAME: _____   PERIOD ENDING: _____

EMPLOYEE	THURS IN / OUT	REG / OT	FRI IN / OUT	REG / OT	SAT IN / OUT	REG / OT	SAT IN / OUT	REG / OT	MON IN / OUT	REG / OT	TUES IN / OUT	REG / OT	WED IN / OUT	REG / OT	TOTAL

FORMAN SIGNATURE: _____