CareerSource BROWARD

WORK CALENDAR

EMPLOYEE'S NAME: _____

LAST 4 OF SSN: _____   **MONTH OF:** _____   **Year:** _____

Total number of hours worked each day

Week One	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours weekly
Date:								
Hours:								

Week Two	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours weekly
Date:								
Hours:								

Week Three	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours weekly
Date:								
Hours:								

Week Four	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours weekly
Date:								
Hours:								

Week Five	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours weekly
Date:								
Hours:								

Total Hours: _____

Employer Name: _____ _____

Print Employer Supervisor Name: _____

Employer Supervisor Signature/Date: _____ /   /____

Employer Supervisor contact number: _____

Employee Signature: _____