EMPLOYEE'S WEEKLY (WORK PERIOD) EARNINGS RECORD / FEDERAL WAGE AND HOUR REQUIREMENTS YEAR ____

NAME (Mr./Mrs./Ms.) _____ SOC. SEC. NO. _____

EMPLOYEE NUMBER _____

ADDRESS _____

_____ Zip Code

CLASSIFICATION _____

SOC. SEC. NO. _____ OFFICE, BOARD OR DEPARTMENT _____

WORK WEEK BEGINS

Day of Week _____

Time of Day _____

ESTABLISHED WORK PERIOD _____

(Police and Fire ONLY)

BASIS OF PAY _____

Week (Period) Ending	Hourly Rate of Pay	Total Hours Worked for Week (Period)	Straight Time Earnings for Week (Period)		Overtime Excess Compensation for Week (Period)	Other Compensation