Futures Explored, Inc. ALIVE, VTE, GARDEN

NAME _____

CONSUMER WORK HOURS

Month _____ / Year _____

1st – 15th — 1st Pay Period

Date	Time IN/OUT	Meal	Time IN/OUT	WORKED	VAC	S/P	Dept	Dept	Other
			TOTAL HOURS						

CONSUMER SIGNATURE

SUPERVISOR SIGNATURE

16th – End of the Month — 2nd Pay Period

Date	Time IN/OUT	Meal	Time IN/OUT	WORKED	VAC	S/P	Dept	Dept	Other
			TOTAL HOURS						

CONSUMER SIGNATURE

SUPERVISOR SIGNATURE