

Hill County CSCD

“CASH PAY”

Employee Name: _____

Employer / Company Name: _____ Phone No.: _____

Address: _____

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

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

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

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

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

Employee Signature _____

Date _____

Employer Signature _____

Date _____