

KITCHEN SIGNING ON/OFF



DATE:.....WEEK NO:.....

NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
<i>i.e. Robert</i>	7-12	7-12	off	off	8-4	6.30- 11	10-4	39.5
<i>Jones</i>	6-9	6-9	off	off		6-9		

TOTAL HOURS OR YOU WILL NOT GET PAID

