West Virginia Office of Miners' Health Safety and Training

WEEK ENDING SATURDAY _____ Region

Name: **Title:**

SUNDAY	LH		AM / PM		DAY		**ACTIVITY:**	HOURS
	AM		AM / PM		EVE			
	LM		AM / PM		MID			MINUTES
	AH		AM / PM					
MONDAY	LH		AM / PM		DAY		**ACTIVITY:**	HOURS
	AM		AM / PM		EVE			
	LM		AM / PM		MID			MINUTES
	AH		AM / PM					
TUESDAY	LH		AM / PM		DAY		**ACTIVITY:**	HOURS
	AM		AM / PM		EVE			
	LM		AM / PM		MID			MINUTES
	AH		AM / PM					
WEDNESDAY	LH		AM / PM		DAY		**ACTIVITY:**	HOURS
	AM		AM / PM		EVE			
	LM		AM / PM		MID			MINUTES
	AH		AM / PM					
THURSDAY	LH		AM / PM		DAY		**ACTIVITY:**	HOURS
	AM		AM / PM		EVE			
	LM		AM / PM		MID			MINUTES
	AH		AM / PM					
FRIDAY	LH		AM / PM		DAY		**ACTIVITY:**	HOURS
	AM		AM / PM		EVE			
	LM		AM / PM		MID			MINUTES
	AH		AM / PM					
SATURDAY	LH		AM / PM		DAY		**ACTIVITY:**	HOURS
	AM		AM / PM		EVE			
	LM		AM / PM		MID			MINUTES
	AH		AM / PM					

SUPERVISORS SIGNATURE: TOTAL HOURS

DATE TOTAL MINUTES

Indicate which you prefer: OVERTIME PAY

COMP-TIME