CITY OF HIDALGO

MISSED PUNCHES AND OVERTIME REQUEST

NOTE: MUST BE SIGNED BY YOUR DEPT HEAD

EMPLOYEE NAME: _____

PAY PERIOD ____/____/____ THRU ____/____/____

	DATE	IN	OUT	DESCRIPTION	TOTAL HRS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				TOTAL HOURS FOR WEEK 1	

	DATE	IN	OUT	DESCRIPTION	TOTAL HRS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				TOTAL HOURS FOR WEEK 2	

_____

EMPLOYEE'S SIGNATURE

_____

DEPARTMENT DIRECTOR SIGNATURE

_____

ASSISTANT CITY MANAGER