|  |  |
| --- | --- |
| [Company Name]  [Street Address]  [City, ST ZIP Code]  Phone [phone] Fax [fax] | TIME SHEET |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Title: |  |
| Employee Number: |  | Status: |  |
| Department: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Start Time | End Time | Regular Hrs. | Overtime Hrs. | Total Hrs. |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  | Weekly Totals |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee signature: |  | Date: |  |
| Supervisor signature: |  | Date: |  |