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TIME SHEET

Company Name:	Location/Address:		
Employee Name:	Department:		
Employee Phone:	Work Phone:	Cell Phone:	Fax:
Employee Address			

Dates Worked	Days Worked	Start Time	Lunch out	Lunch Return	Time Out.	Total Hrs.
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
WEEKLY TOTALS:						

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

¹ You are not authorized to work overtime without the written permission of your supervisor.

² This sheet needs to be faxed to our office no later than Monday noontime.