Time Sheet

Week Of:

# company name

Street Address  
City, ST ZIP Code  
Phone Number  
Fax Number

|  |  |
| --- | --- |
| Employee name: | Title: |
| Employee number: | Status: |
| Department: | Supervisor: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Start Time | End Time | Regular Hours | Overtime Hours | Total Hours |
| Date |  |  |  |  |  |
| Date |  |  |  |  |  |
| Date |  |  |  |  |  |
| Date |  |  |  |  |  |
| Date |  |  |  |  |  |
| Date |  |  |  |  |  |
| Date |  |  |  |  |  |
| Weekly Totals |  |  |  |  |  |

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