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:  |