

Your Company Name

Your Company Slogan

Your Company Street Address

City, State ZIP

000.000.0000 Fax 000.000.0000

WEEKLY TIME SHEET

Employee Name: _____

Title: _____

Employee Number: _____

Status: _____

Department: _____

Supervisor: _____

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
_____	_____	_____	_____	_____	0
_____	_____	_____	_____	_____	0
_____	_____	_____	_____	_____	0
_____	_____	_____	_____	_____	0
_____	_____	_____	_____	_____	0
_____	_____	_____	_____	_____	0
_____	_____	_____	_____	_____	0
WEEKLY TOTALS			0	0	0

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____