

TIME SHEET

Employee's Name _____

Beginning Date _____

Social Security # _____

Ending Date _____

	AM Hours Worked	Lunch	PM Hours Worked	Total Time
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
			Total	_____
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
			Total	_____
TOTAL HOURS WORKED				_____

Date _____

(Employee's Signature)

(Supervisor's Signature)

Office Use Only

Sick Time Used _____

Vacation Time Used _____

Office Use Only

_____ - Regular Hours _____

_____ - Regular Hours _____

Overtime (Regular) _____

Overtime (150%) _____