

WEEKLY TIME SHEET

Employee Name: _____

Title: _____

Department: _____

Supervisor: _____

Date	Start Time	End Time	Break Time	Regular Hours	Overtime Hours	Total Hours

WEEK TOTALS _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

WEEKLY TIME SHEET

Employee Name: _____

Title: _____

Department: _____

Supervisor: _____

Date	Start Time	End Time	Break Time	Regular Hours	Overtime Hours	Total Hours

WEEK TOTALS _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____