



TIME SHEET

Client Company Name: _____

Week Ending Date : _____

Client Address: _____

Employee Name: _____

HOURS WORKED						
	Date	Start	Finish	Break	Total	
Saturday	_____	_____ To _____	Less _____	_____	_____	
Sunday	_____	_____ To _____	Less _____	_____	_____	
Monday	_____	_____ To _____	Less _____	_____	_____	
Tuesday	_____	_____ To _____	Less _____	_____	_____	
Wednesday	_____	_____ To _____	Less _____	_____	_____	
Thursday	_____	_____ To _____	Less _____	_____	_____	
Friday	_____	_____ To _____	Less _____	_____	_____	
					Total Weekly Hours	_____

Employee Signature _____

Employee Name (PRINT) _____

Supervisor's Signature _____

Supervisor's Name (PRINT) _____