

Company Name

TIME SHEET

Company Address
City / State
Country
Zip code
Telephone

Employee Name:	Title:
Employee Identification #:	Employee Type:
Department / Team:	Active Supervisor:

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
WEEKLY TOTALS:					

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

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