## Your Company Name

## **TIME SHEET**

Your Company Slogan

Address City, State ZIP 123.456.7890 Fax 123.456.7891

Employee Name:	Title:		
Employee Number:	Status:		
Department:	Supervisor:		

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
	W	EEKLY TOTALS:			