

## Weekly Time Sheet

Employee Name \_\_\_\_\_ Date / / Week Ending / /

Department \_\_\_\_\_ Employee/Payroll # \_\_\_\_\_ Social Security # \_\_\_\_\_

|               | Morning |     | Afternoon |     | Approved | FOR OFFICE USE ONLY |           |
|---------------|---------|-----|-----------|-----|----------|---------------------|-----------|
|               | IN      | OUT | IN        | OUT |          | REG. HRS.           | OVERTIME* |
| Monday        | / /     |     |           |     |          |                     |           |
| Tuesday       | / /     |     |           |     |          |                     |           |
| Wednesday     | / /     |     |           |     |          |                     |           |
| Thursday      | / /     |     |           |     |          |                     |           |
| Friday        | / /     |     |           |     |          |                     |           |
| Saturday      | / /     |     |           |     |          |                     |           |
| Sunday        | / /     |     |           |     |          |                     |           |
| <b>TOTALS</b> |         |     |           |     |          |                     |           |

**\*NOTE:** All overtime must be pre-approved.

I certify that this time sheet truthfully and accurately records all hours worked by me during this period.

EMPLOYER'S SIGNATURE \_\_\_\_\_ DATE / / SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE / /

Entered in payroll by \_\_\_\_\_ on / /

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**ATTORNEY**  
RECOMMENDED