

YOUR COMPANY

Employee Timesheet

Employee: _____
Department: _____
Supervisor: _____

Week starting: _____
Week ending: _____
Hourly rate: _____
Overtime rate: _____

Day	Date	Regular	Overtime	Vacation	Sick	Other	Unpaid	Total

Hours Pay
Regular: _____
Overtime: _____
Unpaid: _____
Total:

Employee Signature Date

Supervisor Signature Date