YOUR COMPANY

Employee Timesheet

Employee: _____

Department: _____

Supervisor: _____

Pay period starting: _____

Pay period 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

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