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 ___/___/___							
					TOTALS		

***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.

_____ ___/___/___ _____ ___/___/___

EMPLOYEE'S SIGNATURE DATE SUPERVISOR'S SIGNATURE DATE

Entered in payroll by _____ on ___/___/___

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