

# TIME SHEET

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name:

Title:

Employee Number:

Status:

Department:

Supervisor:

| Date | Start Time | End Time | Regular Hrs. | Overtime Hrs. | Total Hrs. |
|------|------------|----------|--------------|---------------|------------|
|      |            |          |              |               |            |
|      |            |          |              |               |            |
|      |            |          |              |               |            |
|      |            |          |              |               |            |
|      |            |          |              |               |            |