

Your Company Name Here
Employee Timesheet
Employee Information

Name _____ Department: _____
 Supervisor _____ Hourly Rate: _____ Overtime Rate: _____
 Period Starting: _____ Period Ending: _____

Time Worked						
Day	Date	Shift Start	Shift End	Lunch Start	Lunch End	Total
Total :						

Employee Signature _____

Date _____

 Supervisor Signature: _____

Date _____

HRM 1000-001-0001-0001