Weekly Time Sheet

Employee Name _____

Employee Number _____ Department _____

Period Ending Date _____/_____/_____

DAY/DATE	TIME IN	MEAL BREAK START	MEAL BREAK END	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS	AM BREAK	PM BREAK
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
				Weekly Total					

DAY/DATE	TIME IN	MEAL BREAK START	MEAL BREAK END	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS	AM BREAK	PM BREAK
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
				Weekly Total					

By signing this time sheet, I certify that the above is an accurate reflection of all hours worked and not worked during the indicated time period.

Employee Signature _____ Date _____/_____/_____

Supervisor/Manager Signature _____ Date _____/_____/_____