

WEEKLY TIME SHEET

Employee ID :

Name :

Title :

Dept. :

Start Date :

Number of Working Days per Week :

Date	Day	Time				Hours			
		In	Out	In	Out	Normal	OT	Sick	Vac
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
Total Hour									
Hourly Rate									
Total Hour x Hourly Rate									
TOTAL									

Notes :

Signature of Employee : _____

Date:

Signature of Supervisor : _____

Date: