

TIME SHEET

Employee's Name: _____

Pay Period Start Date: _____

Supervisor's Name: _____

Pay Period End Date: _____

Week 1

Day	Date	Start Time	End Time	Reg. Hrs.	OT Hrs.	Total Hrs.
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Weekly Totals:						

Week 2

Day	Date	Start Time	End Time	Reg. Hrs.	OT Hrs.	Total Hrs.
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Weekly Totals:						

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____