

# Your Company Name

*Your Company Slogan*

Address

City, State ZIP

123.456.7890 Fax 123.456.7891

# TIME SHEET

Employee Name:

Title:

Employee Number:

Status:

Department:

Supervisor:

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
<b>WEEKLY TOTALS:</b>					

Employee Signature:

Date:

Supervisor Signature:

Date: