Weekly Time Sheet

Employee Name _____ Date ____/____/____ Week Ending ____/____/____

Department _____ Employee/Payroll # _____ Social Security # _____

	Morning		Afternoon		Approved	FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT		REG. HRS.	OVERTIME*
Monday ____/____/____							
Tuesday ____/____/____							
Wednesday ____/____/____							
Thursday ____/____/____							
Friday ____/____/____							
Saturday ____/____/____							
Sunday ____/____/____							
					TOTALS		

SAMPLE

***NOTE:** All overtime must be pre-approved.

I certify that this time sheet truthfully and accurately records all hours worked by me during this period.

_____ ____/____/____ _____ ____/____/____

EMPLOYEE'S SIGNATURE DATE SUPERVISOR'S SIGNATURE DATE

Entered in payroll by _____ on ____/____/____

ComplyRight™
©2007 EDI
Item #A0372ED

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Unless specifically allowed in the instructions, ComplyRight products may only be photocopied when the user is legally compelled to do so. Any other photocopying or reproducing in any form, whether in whole or in part, is strictly prohibited.

Printed on recycled paper