

Individual Employee Monthly Timesheet

NAME: _____ NRIC : _____ TEL: _____ COMPANY/POSITION: _____	COMPANY: _____ DEPT/ATTN TO: _____ ADD : _____
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DAY	DATE	START TIME	END TIME	BREAK TIME	For Official Use		
					ALLOWANCE (Shift/Meal)	WORKED HRS	
Mon							NT:
Tue							
Wed							OT:
Thu							
Fri							
Sat							
Sun							
Mon							NT:
Tue							
Wed							OT:
Thu							
Fri							
Sat							
Sun							
Mon							NT:
Tue							
Wed							OT:
Thu							
Fri							
Sat							
Sun							
Mon							NT:
Tue							
Wed							OT:
Thu							
Fri							
Sat							
Sun							

FOR OFFICIAL USE		
Pay Rate : _____ Allowance: _____ Total Pay : _____	Bill Rate : _____ Allowance: _____ Total Bill : _____	Total NT: _____ Total OT: _____

ACKNOWLEDGEMENT		
This certifies that the total hours above have been satisfactorily worked and that payment will be made accordingly to JOBSTUDIO's terms of business. OT payable after _____ hours per week.	i) ii) iii)	Completion of contract: YES / NO Extension of contract till date: _____ I certify that the above recorded is correct.
..... <i>Client's Signature & Designation/Company stamp/ Date</i> <i>Employee's Signature/ Date</i>	

Please note that timesheet submission date is on the last working day of the month