

Monthly Time Sheet

Name _____ Employee # _____ Month _____, 20 _____

Date	Time In	Time Out	Misc. Hours	Driving Hours	Total Reg Hours	Overtime	Total Loads Hauled	Details
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Hours			
Rate	x	x	
Subtotal			
Holiday			
Other			
Other			
Total			
Deductions			
Income Tax			
CPP			
EI			
Meals Advance			
Other			
Total			
			Net Pay