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reCAPTCHA

Continue

Company Name

TIME SHEET

Company Address

City / State

Country _____ Zip code _____ Telephone _____	Title: _____ Employee Type: _____ Active Supervisor: _____
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Date	Start Time	End Time	Regular Hrs.	OverTime Hrs.	Total Hrs.
WEEKLY TOTALS:					

Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____

DEPARTMENT _____										ACCOUNT NO. _ _ _ _ _										
HOURS WEEK ENDING ____/____/____										WEEK ENDING ____/____/____										
SAT	SUN	MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI	SAT	SUN	MON	TUES	WED	THURS	FRI

The hours reported accurately reflect the hours worked. Vacation hours paid before earned will be deducted from my final paycheck in accordance with policy.

CERTIFIED CORRECT _____ EMPLOYEE SIGNATURE _____