



WEEKLY TIME SHEET

Name: _____ **Department:** _____

SSN: _____

Beginning Date: _____ **End Date:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
Time In						
Time Out						
Lunch						
Hours Worked (Excluding Lunch)						

Beginning Date: _____ **End Date:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
Time In						
Time Out						
Lunch						
Hours Worked (Excluding Lunch)						

Beginning Date: _____ **End Date:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
Time In						
Time Out						
Lunch						
Hours Worked (Excluding Lunch)						

Beginning Date: _____ **End Date:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
Time In						
Time Out						
Lunch						
Hours Worked (Excluding Lunch)						

Total Hours: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____