Comments

Signature

Date

Approved

***Office use only:***

a

Date

Employee signature

I, the employee, agree that the above information is true and correct.

a

Additional Information

Date

Start

am/pm

Finish

am/pm

Total Hrs

Worked

Break

deduction

Absence

Type

Day

Please round hours to closest 15 min interval.

a

Employee Number

Employee Name

Week Ending

Day & Date

Please return this form to your supervisor once completed.

a

**Company Name**

a

Employee Timesheet

\dsa