## Employee Timesheet Company Name

Please retu	Please return this form to your supervisor once completed.								
Week End Day & Dat									
Employee Name					Employee Number				
Please rou	nd hours	to closest	t 15 min interval.						
Day	Date	Start	am/pm	Finish	am/pm	Break deduction	Total Hrs Worked	Absence Type	
Additional	Informat	ion							
I, the empl	oyee, agr	ee that th	e above informati	ion is true and	d correct.				
Date			Employee signa	ature					
Office use	onlv:								
Approved	,•		Signature						
Date			Comments						