



WEEKLY TIME SHEET

No person to work overtime without special authorization!
 This time sheet must be personally filled out and signed by employee.

Name of employee				For week ending				
Company				Department				
DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTAL								

Authorization of hours _____

Employee Signature _____