

WEEKLY TIME SHEET

NAME OF EMPLOYEE:	FOR WEEK ENDING:
DEPARTMENT:	EXEMPTIONS:

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 HOURS								

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION! | THIS TIME SHEET MUST BE PERSONALLY FILLED OUT AND SIGNED BY EMPLOYEE

AUTHORIZATION OF OVERTIME: _____ EMPLOYEE SIGNATURE: _____

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