

WEEKLY TIME SHEET

EMPLOYEE NAME:	FOR THE WEEK ENDING:
DEPARTMENT:	OTHER:

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								

SPECIAL AUTHORIZATION IS REQUIRED FOR ANY PERSON TO WORK OVERTIME. EMPLOYEE MUST PERSONALLY FILL OUT AND SIGN THIS TIME SHEET

AUTHORIZATION OF OVERTIME: _____ EMPLOYEE SIGNATURE: _____

EMPLOYEE NAME:	FOR THE WEEK ENDING:
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