

WEEKLY TIME SHEET

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

DAY OF WEEK		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL HOURS
MORNING	IN								
	OUT								
AFTERNOON	IN								
	OUT								
OVERTIME	IN								
	OUT								
FOR OFFICE USE ONLY	REGULAR HOURS								
	OVERTIME 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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MORNING	IN								
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