



Time Sheet

Week Ending Date (Sunday): _____

Employee Name: _____

Last 4 of employee social: _____ **Department:** _____

Supervisor: _____

Date	Start Time	Lunch Out	Lunch In	End Time	Regular Hours	Overtime Hours	Total Hours
TOTALS:							

I certify that these hours are a true and accurate record of all time worked during the pay period.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____