



EMPLOYEE NAME: _____

DATE/DAY	JOB NAME	START	LUNCH	FINISH	TOTAL	DAY TOTAL	JOB NOTES
THURSDAY							
FRIDAY							
SATURDAY							
MONDAY							
TUESDAY							
WEDNESDAY							

PAY PERIOD DATES: _____ -- _____	WK TOTALS	REG HOURS		OVERTIME HOURS:
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By signing this time card the employee acknowledges that:

- The details shown on this timesheet are correct, accurate and true.
- The above work was performed in a satisfactory manner in accordance to company policy.

EMPLOYEE SIGNATURE: _____

Timesheets must be turned in on Wednesdays at the end of the day each week, and every two week pay period to receive pay by regular Monday payday. **NO EXCEPTIONS!**