TIME SHEET

EMPLOYEE:

PAY PERIOD: PAY DATE:

MANAGER SIGN

	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
START							
LUNCH START							
LUNCH FINISH							
FINISH							

TOTALS									
									ORD
									Time 1/2
									Double time
									Annual
									Sick
									Other Leave
									Shift

2 x 10min paid
rest breaks taken
per day?
YES _____

Signature of Employee:_____ DATE:_____