



WEEK ENDING ____ / ____ / ____

Employee Name _____

Client Name _____

Job Name _____ Job # _____

Job Site Address _____

City _____ State _____

OFFICE & CLIENTS
USE ONLY

| DATE | START TIME | LUNCH OUT | LUNCH IN | FINISH TIME | SUPERVISOR INITIALS | TOTAL REGULAR HOURS | TOTAL OVERTIME HOURS |
|------|------------|-----------|----------|-------------|---------------------|---------------------|----------------------|
| MON | | | | | | | |
| TUE | | | | | | | |
| WED | | | | | | | |
| THU | | | | | | | |
| FRI | | | | | | | |
| SAT | | | | | | | |
| SUN | | | | | | | |

CLIENT RATING

Attendance - # Day(s) Late _____

Attendance - # Day(s) Missed _____

Supervisor Signature _____

REMARKS _____

**DUE BY
SUNDAY**

(USE BACK OF TIME SHEET IF MORE SPACE IS NEEDED)



WEEK ENDING ____ / ____ / ____

Employee Name _____

Client Name _____

Job Name _____ Job # _____

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| SUN | | | | | | | |

CLIENT RATING

Attendance - # Day(s) Late _____

Attendance - # Day(s) Missed _____

Supervisor Signature _____

REMARKS _____

**DUE BY
SUNDAY**

(USE BACK OF TIME SHEET IF MORE SPACE IS NEEDED)