



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							

TOTAL
HOURS**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)



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