## Employee Time Sheet

Company:			Date:		
Employee Name			Department:		
Employee #:			Manager:		
	T	T	T	T	
Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours
Totals:					
I agree that the times and hours listed above are accurate					
Employee Signature: Date:					
Improjec dignature.					
Supervisor Signa	ture:		Date:		