

# TIME SHEET

Company Name

Address 1

Employee Name: \_\_\_\_\_

Address 2

Manager Name: \_\_\_\_\_

City, State ZIP

Week Starting: 10/3/2018

Phone

Day of Week	Time In	Breaks (minutes)	Time Out
Wed 10/3	9:05 AM	15	6:00 PM
Thu 10/4	9:05 AM	30	5:45 PM
Fri 10/5	9:00 AM	45	6:30 PM
Sat 10/6	9:00 AM	45	6:30 PM
Sun 10/7			
Mon 10/8			
Tue 10/9			

Total [h]:mm	Regular [h]:mm	Overtime [h]:mm	Sick [h]:mm	Holiday [h]:mm	Vacation [h]:mm
8:40	8:00	0:40			
8:10	8:00	0:10			
8:45	8:00	0:45			
8:45	8:00	0:45			
0:00			8:00		
0:00					
0:00					
<b>Total</b>	<b>32:00</b>	<b>2:20</b>	<b>8:00</b>	<b>0:00</b>	<b>0:00</b>