

# WEEKLY TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

FOR WEEK ENDING: \_\_\_\_\_

SCHEDULED HOURS PER WEEK: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

| DAY OF WEEK | DATE | MORNING |     | AFTERNOON |     | EVENING |     | NON-WORKED HOURS* |  | DAILY TOTAL HOURS |  |
|-------------|------|---------|-----|-----------|-----|---------|-----|-------------------|--|-------------------|--|
|             |      | IN      | OUT | IN        | OUT | IN      | OUT |                   |  |                   |  |
| Sunday      |      |         |     |           |     |         |     |                   |  |                   |  |
| Monday      |      |         |     |           |     |         |     |                   |  |                   |  |
| Tuesday     |      |         |     |           |     |         |     |                   |  |                   |  |
| Wednesday   |      |         |     |           |     |         |     |                   |  |                   |  |
| Thursday    |      |         |     |           |     |         |     |                   |  |                   |  |
| Friday      |      |         |     |           |     |         |     |                   |  |                   |  |
| Saturday    |      |         |     |           |     |         |     |                   |  |                   |  |
| TOTAL       |      |         |     |           |     |         |     |                   |  |                   |  |

STRAIGHT TIME HOURS: \_\_\_\_\_

OVERTIME HOURS: \_\_\_\_\_

Authorization of Overtime

**SPECIAL AUTHORIZATION REQUIRED  
FOR ALL STRAIGHT TIME AND OVERTIME HOURS**

**This time sheet must be personally filled out and signed by employee.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* S=Sick; V=Vacation; P=Personal Day; J=Jury Duty; H=Holiday; B=Bereavement; O=Other (Please provide explanation on reverse)