Monthly Timesheet

[Company Name]

[Address 1]
[City, State ZIP]
[Phone]
[Fax]

Employee [Name]
Department [Department]

Start Week Containing 8/1/2016
Week Ending Friday 0

		Jul		Aug																																				
		30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2		
PROJECT	Code	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F				Total Hrs
ABC	C001	2.25																																						2.25
	C002		2.25																																					2.25
																																							0.00
																																							0.00
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																																							0.00
																																							0.00
Holiday																																							0.00
Vacation																																							0.00
Sick Leave																																							0.00
Personal Leave																																							0.00
	Total Hours:	2.25	2.25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		4.50
	Regular Hours:																																						0.00
	OT Hours:																																						0.00

Note: Use increments of 0.25 (15 minutes) when recording hours.

Employee Signature Date

Supervisor Signature Date
Supervisor Name: [Name]