

EMPLOYEE TIMESHEET

Employee Information

Name: _____
 Number: _____
 Department: _____
 Supervisor: _____

COMPANY NAME

Address: _____

 Phone: _____

Period Starting: _____

WEEK ONE

DOW	Date	Clock In	Lunch Begins	Lunch Ends	Clock Out	Daily Hours
Weekly Total:						

WEEK TWO

DOW	Date	Clock In	Lunch Begins	Lunch Ends	Clock Out	Daily Hours
Weekly Total:						

Pay Rates

Hourly: _____
 Overtime: _____

Total Hours: _____
 Overtime Hours: _____

Weekly overtime threshold (hrs) _____

Normal Pay: _____
 Overtime Pay: _____
 Gross Pay: _____

Pay Date: _____