

Weekly Employee Timesheet

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[Company Name]

Employee Name: _____

[Address 1]

[Address 2]

Supervisor Name: _____

[City, State ZIP]

[Phone] Week of: 10/6/2008

Day of Week	Regular Hrs	Overtime Hrs	Sick	Vacatio n	Holiday	Unpaid Leave	Other	TOTAL Hrs
Mon 10/6								0.00
Tue 10/7	8.00	0.43						8.43
Wed 10/8								0.00
Thu 10/9								0.00
Fri 10/10								0.00
Sat 10/11								0.00
Sun 10/12								0.00
Total Hrs:	8.00	0.43	0.00	0.00	0.00	0.00	0.00	8.43
Rate/Hour:	15.00	23.00	15.00	15.00	15.00	0.00	0.00	
Total Pay:	120.00	9.89	0.00	0.00	0.00	0.00	0.00	\$ 129.89

Total Hours Reported: 8.43

Total Pay: 129.89

Employee Signature Date

Supervisor Signature Date