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 30	31	Aug 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	Sep 1		
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	Tota Hrs
ABC	C001	2.25																																		\Box	2.25
	C002		23																																		2.25
																																					0.00
																																					0.00
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																																				\Box	0.00
Holiday																																				\Box	000
Vacation																																				\Box	aω
Sick Leave																																				\Box	aω
Personal Leave																																				\Box	aω
	Total Hours:	225	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:																																				aco
	OT Hours:																																				αœ

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

Employee Signature	Date					
Supervisor Signature	Date					
Supervisor Name: [Name]						