Weekly Timesheet

Employee:
Department:
Supervisor: _____

Week Of:
Hourly Rate:
Overtime:

	Date	Regular	Overtime	Vacation	Sick	Other Paid	Unpaid	Total
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Totals								

Hours Paid:
Hours Unpaid:
Gross Pay:

Employee Signature Date

Supervisor Signature Date

Weekly Timesheet

Employee:
Department:
Supervisor: _____

Week Of:
Hourly Rate:
Overtime:

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Hours Paid:
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Sundial Time Systems - time attendance