

Weekly Timesheet

Employee: _____
Department: _____
Supervisor: _____

Week Of: _____
Hourly Rate: _____
Hours / Week: _____ Overtime: _____

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

Regular: _____
Overtime: _____
Total Hours: _____
Gross Pay: _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____