



440-481-1060

www.daystarstaffing.com

# WEEKLY TIME SHEET

Employee ID :

Name :

Title :

Dept. :

Start Date :

Number of Working Days per Week :

Date	Day	Time				Hours			
		In	Out	In	Out	Normal	OT	Daily Totals	
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
<b>Total Hour</b>									
<b>Hourly Rate</b>									
<b>Total Hour x Hourly Rate</b>									
<b>TOTAL</b>									

Notes :

Signature of Employee :

Date:

Signature of Supervisor :

Date: