

EMPLOYEE TIME SHEET

Employee (Please Print Name): _____

Pay Period Month: _____

| DATE | IN | OUT | IN | OUT | IN | OUT | DAILY TOTAL HOURS |
|------|----|-----|----|-----|----|-----|-------------------------|
| 16th | | | | | | | |
| 17th | | | | | | | |
| 18th | | | | | | | |
| 19th | | | | | | | |
| 20th | | | | | | | |
| 21st | | | | | | | |
| 22nd | | | | | | | |
| 23rd | | | | | | | |
| 24th | | | | | | | |
| 25th | | | | | | | |
| 26th | | | | | | | |
| 27th | | | | | | | |
| 28th | | | | | | | |
| 29th | | | | | | | |
| 30th | | | | | | | |
| 31st | | | | | | | |

Total Hours: _____

Employee Signature: _____

Total Overtime Hours: _____

Employer Signature: _____

Overtime must be approved by the employer.

1st - 15th: Due by the 18th

16th - End of Month: Due by the 3rd of the following month.

OFFICE USE ONLY: DATE RECEIVED: _____