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COMPANY _____

MONTH _____

QUARTER _____

YEAR _____

Employee TimeSheet

Employee Name: _____

Employee # _____

Department: _____

Supervisor: _____

Extension: _____

Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours
TOTALS:					

I certify that these hours are a true and accurate record of all time worked during the pay period.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____