

EMPLOYEE TIMESHEET

Employee Information

COMPANY NAME

Name: _____
 Number: _____
 Department: _____
 Supervisor: _____

Address: _____

 Phone: _____
 Period Starting: _____

WEEK ONE

DOW	Date	Clock In	Lunch Begins	Lunch Ends	Clock Out	Daily Hours
Weekly Total:						

WEEK TWO

DOW	Date	Clock In	Lunch Begins	Lunch Ends	Clock Out	Daily Hours
Weekly Total:						

Pay Rates

Hourly: _____
 Overtime: _____

Total Hours:
 Overtime Hours:

Weekly overtime threshold (hrs) _____

Normal Pay:
 Overtime Pay:
 Gross Pay:

Pay Date: _____