

Weekly Time Sheet

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| NAME OF EMPLOYEE | FOR WEEK ENDING |
| DEPARTMENT | EXCEPTIONS |

| DAY OF WEEK | MORNING | | AFTERNOON | | OVERTIME | | FOR OFFICIAL USE ONLY | |
|--------------------|---------|-----|-----------|-----|----------|-----|-----------------------|----------------|
| | IN | OUT | IN | OUT | IN | OUT | REGULAR HOURS | OVERTIME HOURS |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| SUNDAY | | | | | | | | |
| TOTAL HOURS | | | | | | | | |

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!
THIS TIME SHEET MOST BE PERSONALLY FILLED OUT AND SIGNED BY EMPLOYEE

AUTHORIZATION OF OVERTIME _____ EMPLOYEE SIGNATURE _____