



Time Sheet Fill Out Daily

Employee: _____

Period Beginning: _____
MONTH / DAY / YEAR

Period Ending: _____
MONTH / DAY / YEAR

Banked Time

BANK _____ Total Hours this Week

USE _____ Hours of Banked

Comments: _____

(If nothing is checked you will be paid as per time sheet)

DAY	DATE MONTH / DAY	JOB #	HOURS				PROJECT NAME / DESCRIPTION
			TRAVEL	REG.	O.T.	TOTAL	

DAY	DATE MONTH / DAY	JOB #	HOURS				PROJECT NAME / DESCRIPTION
			TRAVEL	REG.	O.T.	TOTAL	
TOTALS:							SUBMIT FORM VIA EMAIL
APPROVED BY MANAGEMENT <input type="checkbox"/>							