|  |
| --- |
| Time SheetWeek Of: [Start Date] — [End Date] |
| [company name][Company Slogan][Street Address][City, ST ZIP Code][Phone Number][Fax Number] |  |
| Employee name: Devanshi  | Title: [Your Title] |
| Employee number: [Your Employee Number] | Status: [Your status] |
| Department: [Department name] | Supervisor: [Supervisor name] |
|  |
| Date | Start Time | End Time | Regular Hours | Overtime Hours | Total Hours |
| [Pick the date] | 10:00 am | 2:00 pm | 2 | 2 | 4 |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| [Pick the date] |  |  |  |  |  |
| Weekly Totals: |  |  |  |
|  |
| Employee signature: | Date: [Pick The date] |
| Supervisor signature: | Date: [pick the date] |