|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Time Sheet  Week 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] | |