



Weekly Time Record

Week Ending Date: _____

Employee Name: _____

Employee Phone: _____

Company Name: _____

Job Site Address: _____

Day	Date	Time In	In/Out Lunch	Time Out	Reg. Hours	OT Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Time Sheets must be turned in by Sunday Evening				Total Hours		

Employee Signature

Date

Client/Supervisor Signature

Date