

# Company Name - Attendance Weekly Time Sheet

Address 1:

Address 2:

City/Town:

Zip/Postal:

Phone:

Fax:

E-mail:

## Name's Time Sheet for the Week

Employee Name:

Approving Manager:

Employee phone:

Employee email:

Tax ID#:

Week ending: Sunday, November 20, 16

Day	In	Out	In	Out	Regular Hours	Overtime Hours	Sick	Vacation	
Monday	9	12	1	7	7.0	2.0			
Tuesday							7.5		
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
					Total	7.00	2.00		
Employee signature: _____					Rate	\$10	\$ 15.00		
Date: _____					Total	\$ 70.00	\$ 30.00		

Manager signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Total	
	9.0
	7.5
	<b>16.50</b>
<b>\$</b>	<b>100.00</b>