



Employee Time Sheet
 Fax to (210) 579-7234

Client: _____
 Department: _____
 Name: _____

By Saturday 11:59pm CST, No Exceptions

Week Start Date: _____

WEEK 1 (Sun-Sat)	Date (MM/DD)	Time In (00-2400)	Time Out (00-2400)	Lunch Taken (min 1/2 hr)	Hours Worked	Holiday	PTO	Reserved Corporate Use Only		
								Hol	Reg	PTO
	Sun									
	Mon									
	Tue									
	Wed									
	Thu									
	Fri									
	Sat									
Total										

WEEK 2 (Sun-Sat)	Date (MM/DD)	Time In (00-2400)	Time Out (00-2400)	Lunch Taken (min 1/2 hr)	Hours Worked I	Holiday	PTO	Reserved Corporate Use Only		
								Hol	Reg	PTO
	Sun									
	Mon									
	Tue									
	Wed									
	Thu									
	Fri									
	Sat									
Total										

It is YOUR responsibility to obtain your supervisor's signature and to turn in your timesheet no later than Saturday 11:59 pm in order to process your payroll. Any late timesheets received on Monday will be processed for a \$25 fee. After the deadline, the timesheets will be processed the following week and paid on the next pay date (no exceptions).

 Employee Signature

 Supervisor Signature

***All OT must be approved by On-Site Supervisor (print name & title)**