



# TIMESHEET

**Fax: (440) 243-3777**

Phone: (440) 243-3700



Name \_\_\_\_\_

Assigned to \_\_\_\_\_ Department \_\_\_\_\_

	SUN	MON	TUES	WED	THURS	FRI	SAT
Date							
Start Time							
End Time							
Sub-Total							
Less Lunch							
TOTAL							

Total straight time hours worked \_\_\_\_\_ Total overtime hours worked \_\_\_\_\_

My signature on this time sheet confirms the actual hours that I worked

(Employee Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

My signature on this time sheet confirms the hours to be paid and billed

(Client Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_