



# TIMESHEET

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

Phone: (440) 243-3700



Name \_\_\_\_\_

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

**ALL OVERTIME MUST BE PRE-APPROVED BY SANDY HEATH OR MARY HILL  
ALL TIMESHEETS MUST BE COMPLETELY FILLED OUT, SHOWING ANY LUNCH TIME TAKEN**

|            | MON | TUES | WED | THURS | FRI | SAT | SUN |
|------------|-----|------|-----|-------|-----|-----|-----|
| 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) \_\_\_\_\_