



EMPLOYEE TIMESHEET

Employee Name: _____

Facility Name: _____

Job Title: _____

DAY	DATE	Time In	Time Out	Lunch / Break	Hours Worked	Supervisor Signature
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
Total Weekly Time:						

Employee Signature

I attest that the information I have given is true and accurately represents all time worked during the pay period indicated.

Signature: _____

Date: ____/____/____

Supervisor Signature

I attest that the information above accurately represents time worked during the pay / billing period indicated.

Signature: _____

Date: ____/____/____

Printed Name: _____

Title: _____ Unit: _____

Timesheet Transmission

PLEASE EMAIL YOUR TIMESHEET BEFORE MONDAY, 3:00 PM EST

EMAIL: HR@whybookdumb.com