## **Daily Time Sheet**

Name			Department			Location	
Time Record For: Shift		Job	Contract	0	ther		
Date	Employee #	Soc. S	Sec. #		Payroll C	lassification	File #

Task Description	Time	Time	Initials	Total
	Started	Stopped		Time
			Total	

Signatures

Signatures				
Employee	Department Supervisor			
Limpioyee	Bepartment supervisor			
Supervisor	Payroll Department			
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