



CLEANING TIME SHEET

Employee Name: _____

Week of:

| Day | Time Block | Client's Name | Start Time | End Time | Total Hrs. |
|----------------------|------------|---------------|------------|----------|------------|
| Monday | 8-11 | | | | |
| | 11-4 | | | | |
| | 4-7 | | | | |
| Tuesday | 8-11 | | | | |
| | 11-4 | | | | |
| | 4-7 | | | | |
| Wednesday | 8-11 | | | | |
| | 11-4 | | | | |
| | 4-7 | | | | |
| Thursday | 8-11 | | | | |
| | 11-4 | | | | |
| | 4-7 | | | | |
| Friday | 8-11 | | | | |
| | 11-4 | | | | |
| | 4-7 | | | | |
| Saturday | 8-11 | | | | |
| | 11-4 | | | | |
| | 4-7 | | | | |
| Sunday | 8-11 | | | | |
| | 11-4 | | | | |
| | 4-7 | | | | |
| WEEKLY TOTAL: | | | | | |

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

** Turn this sheet in at the end of each work week to ensure proper crediting to your paycheck. If this sheet is not turned in on time, your paycheck will be delayed.