

YOUR COMPANY

Employee Timesheet

Employee: _____
 Department: _____
 Supervisor: _____

Pay period starting: _____
 Pay period ending: _____
 Hourly rate: _____
 Overtime rate: _____

Day	Date	Regular	Overtime	Vacation	Sick	Other	Unpaid	Total

 Employee Signature Date

 Supervisor Signature Date

Hours Pay

Regular: _____
 Overtime: _____
 Unpaid: _____
Total: _____