EMPLOYEE TIMESHEET

Employee

Name _____ Emp # _____

Position _____ Department _____

Years of Service: _____

Vacation Hours Accrued: _____

Pay Period

From _____

To _____

	Sa	Su	M	T	W	Th	F	Sa	Su	M	T	W	Th	F	HOURS
Project Hours (List Project Name): Task															
Miscellaneous Non-billable Hours (Overhead):															
Holiday Hours															
Personal Time Off (PTO)															
Jury Duty (Unpaid)															
Bereavement															
Other (List)															
Total Regular Hours															
Daily Overtime Hours (Over 8 hrs)															
Weekly Overtime Hours (Over 40 hrs)													Weekly Overtime Hours		
														Overtime Hours to be Paid	

Approved By

Employee Signature

Supervisor Name

Notes and Remarks: