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**Time Sheet**

Date \_\_\_\_\_ Employee Name \_\_\_\_\_

Location \_\_\_\_\_ Client Name \_\_\_\_\_

Day	Date	Start Time	End Time	Regular Hrs	Overtime Hrs	Total Hrs
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					<b>Total Hours</b>	

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Team Lead Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Customer Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_