

TIME SHEET

Employee Name: _____ Status: _____ Week Ending: _____

Date	Start Time	Out	In	End Time	In	Out	Regular Hours	Overtime Hours	Total Hours	Comments
Weekly Totals										

I understand that I am authorized and permitted to take a paid rest period of ten minutes for each four hours of work or major fraction thereof and an unpaid meal period of 30 minutes when I work more than five hours. I confirm that on each day shown on this time record, I have actually worked the hours shown and that I have taken all of the rest and meal periods to which I am entitled.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

TIME SHEET

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