



# Weekly Time Sheet

**\*\*\*All timesheets must be received by Monday at 2:00 p.m.**

Employee Name:	Period from:	to:
Location:	Daytime Phone:	

		MON	TUES	WED	THURS	FRI	SAT	SUN	TOTALS
<b>Hours Worked</b>	Time In								
	Time Out								
	Sub Total								
<b>Less Time Taken for Lunch</b>									
<b>Total Hours Worked Per Day</b>									

<b>Comments:</b>
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<b>Employee Signature:</b>	<b>Date:</b>
<b>*** Approved By:</b>	<b>Date:</b>

\*\*\* Please Note\*\*\* Signature of supervisor on timesheets verifies hours worked and satisfaction with deliverables. This authorizes IT Associates to pay the employee accordingly and entitles the client, whom is represented by the supervisor signature, to pay for the exact hours as shown. If there is a discrepancy in the amounts shown, it is up to the supervisor to change it accordingly, then sign off on it.