

# Weekly Time Sheet

NAME OF EMPLOYEE	FOR WEEKENDING
DEPARTMENT	EXEMPTIONS

DAY OF THE WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HRS	OVERTIME HRS
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTAL HOURS								

**NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION**  
 THIS TIME SHEET MUST BE PERSONNALLY FILLED AND SIGNED BY EMPLOYEE

AUTHORIZATION OF OVERTIME \_\_\_\_\_ EMPLOYEE SIGNATURE \_\_\_\_\_

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