|  |  |
| --- | --- |
| **S&J**  **Consulting services** | WEEKLY  TIME SHEET |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Title: |  |
| Employee Number: |  | Work site |  |
| Department: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Start Time | End Time | Total Hours | Activity | Agency Initial |
| Sunday |  |  |  |  |  |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
|  |  | Weekly Totals |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee signature: |  | Date: |  |
| Supervisor signature: |  | Date: |  |