



WEEKLY TIME SHEET

(315-463-7838)

NAME OF EMPLOYEE _____

FOR WEEK ENDING _____ 20____

PAY DATE _____

DEPARTMENT _____

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		ALL TIPS MUST BE REPORTED					
	IN	OUT	IN	OUT	IN	OUT	REG.HRS	O.T.HRS.	TIPS REC'D			
SUNDAY												
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
TOTALS												

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!

This time sheet must be personally filled out and signed by employee.

"I certify that these hours and tips are true and correct."

Signature _____

Authorization of Overtime _____



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