



Time Sheet

Client Name: _____ Employee Name: _____

Position: _____ Date: _____

Day	Month	Hours Worked	Day	Month	Hours Worked
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16				Total Hours:	

Employee Signature: _____ Approved By: _____