

Employee Timesheet

Employee Name: _____

Employee ID: _____

Department: _____

Supervisor: _____

Timesheet Period: From: _____ To: _____

Timesheet Details

Date	Day	Time In	Time Out	Break (hrs)	Total Hours	Comments
___ / ___ / ___	_____	__:__	__:__	__	__	_____
___ / ___ / ___	_____	__:__	__:__	__	__	_____
___ / ___ / ___	_____	__:__	__:__	__	__	_____
___ / ___ / ___	_____	__:__	__:__	__	__	_____
___ / ___ / ___	_____	__:__	__:__	__	__	_____
___ / ___ / ___	_____	__:__	__:__	__	__	_____
___ / ___ / ___	_____	__:__	__:__	__	__	_____
Total Hours for Period					_____	

Authorization

Employee Signature: _____

Date: _____ / _____ / _____

Supervisor Signature: _____

Date: _____ / _____ / _____

Important Notes:

- Timesheet must be completed accurately and submitted by the specified deadline.
- All entries should reflect actual hours worked; falsification may result in disciplinary action.
- Overtime must be pre-approved by the supervisor.
- Keep a personal copy for your records before submission.
- Contact HR for any queries related to timesheet policies or payroll calculation.