TIME SHEET

This form must reach control no later than 3pm on the 1st of every month; failure to do so may result in a delay in processing your wages

Name:	Employee Number:
Date Submitted:	Manager:

Date	Day	Shift Start Time	Shift End Time	Break Hours/ Min	Lateness Hours/ Min	Net Hours/ Min Worked	Site Name

Office Use Only

Date received:	Approved / Not Approved
Date Finished:	Date letter sent to employee:
Comments	