# SAMPLE ADMINISTRATIVE FORM

## WEEKLY TIME SHEET

*Please Print. This Sheet Must Be Filled* *Out and Signed By Employee.*

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee/Payroll #: \_\_\_\_\_\_\_\_\_\_\_\_\_

| Week Ending | Morning | Afternoon | Overtime | Total | Total |
| --- | --- | --- | --- | --- | --- |

| \_\_\_\_/\_\_\_/\_\_\_ | In | Out | In | Out | In | Out | Regular Hours | Overtime Hours | Overtime  Approval |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |  |  |  |  |  |  |  |
| Tuesday \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |  |  |  |  |  |  |  |
| Wednesday \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |  |  |  |  |  |  |  |
| Thursday \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |  |  |  |  |  |  |  |
| Friday \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |  |  |  |  |  |  |  |
| Saturday \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |  |  |  |  |  |  |  |
| Sunday \_\_\_\_/\_\_\_\_/\_\_\_\_ |  |  |  |  |  |  |  |  |  |
| Weekly Totals |  | | | | | |  |  |  |

EMPLOYEE’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SUPERVISOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

| THIS FORM MUST BE RECEIVED BY PAYROLL  BY: \_\_\_\_\_\_\_ A.M. \_\_\_\_\_\_ P.M.  ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OF EACH WEEK | PAYROLL \_\_\_\_\_\_\_\_\_\_\_  DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| --- | --- |