

WEEKLY TIMESHEET

EMPLOYEE NAME: _____

S.S. #: _____

TIME PERIOD COVERED FROM: _____ TO _____

DAY	DATE	TIME IN	TIME OUT	DAILY TOTAL HOURS	TIPS (IF APPLICABLE)	NOTES
MONDAY		AM/PM	AM/PM			
TUESDAY		AM/PM	AM/PM			
WEDNESDAY		AM/PM	AM/PM			
THURSDAY		AM/PM	AM/PM			
FRIDAY		AM/PM	AM/PM			
SATURDAY		AM/PM	AM/PM			
SUNDAY		AM/PM	AM/PM			

WEEKLY TOTAL HOURS →					← WEEKLY TOTAL TIPS
----------------------	--	--	--	--	---------------------

AUTHORIZATION OF OVERTIME: _____

- **NO PERSON SHALL WORK WITHOUT AUTHORIZATION FROM MANAGEMENT. OVERTIME IS PAID AT TIME AND ONE HALF AFTER FORTY (40) HOURS OF ACTUAL WORK IN A WEEK.**

I ACKNOWLEDGE THAT AS AN EMPLOYEE OF _____, I ORDINARILY AND CUSTOMARILY RECEIVE TIPS AND/OR GRATITUDES DURING THE COURSE OF MY EMPLOYMENT. I UNDERSTAND THAT I AM ENTITLED TO RETAIN ALL TIPS AND/OR GRATITUDES RECEIVED. I ACKNOWLEDGE THAT I RECEIVED _____ DOLLARS IN TIPS AND /OR GRATITUDES DURING THIS PAY WEEK.

*EMPLOYEE SIGNATURE _____ DATE _____

MANAGER APPROVAL _____ DATE _____

- LEGEND:
- | | | |
|------------------|--------------------------|-----------------------|
| A = ABSENT | O = OCCURRENCE | H = HOLIDAY |
| S = SICK | T = TARDY | F = FUNERAL LEAVE |
| J = JURY DUTY | I = JOB INQUIRY | V = VACATION |
| P = PERSONAL DAY | U = UNAUTHORIZED ABSENCE | LO = LEAVE OF ABSENCE |

- **THIS FORM MUST BE HANDED IN TO THE OFFICE ON SUNDAY. THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED.**
- **FAILURE TO FILL THIS FORM OUT CORRECTLY AND SIGNED WILL RESULT IN A DELAY IN YOUR WEEKLY PAYCHECK.**

WEEKLY TIMESHEET

- **BY SIGNING THIS DOCUMENT YOU ACKNOWLEDGE THAT ALL ITEMS ARE TRUE AND ACCURATE.**