

# TIME SHEET

WEEK OF: START DATE – END DATE

STAFFING BID INC

EMPLOYEE NAME:	TITLE:
EMPLOYEE NUMBER:	STATUS: AGENCY
DEPARTMENT:	SUPERVISOR:

DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Date					
Date					
Date					
Date					
Date					
Date					
Date					
<b>WEEKLY TOTALS</b>					

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE: