

Monthly Employee Time Sheet

Location of Employment _____

Please be sure the rate amount listed below is correct and applies to the employee listed on this sheet. All Timesheets are due by the **19th of each month.**

Employee Name: _____

Manager Name: _____

Period Starting: _____ Ending: _____

Day of Week	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total [h]:mm	Regular [h]:mm	Overtime [h]:mm	Sick [h]:mm	Holiday [h]:mm	Vacation [h]:mm
16												
17												
18												
19												
20												
21												
22												
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25												
26												
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28												
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1												
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6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

By signing below I agree that the above reported hours represents accurately all hours worked by the employee identified above and that no other hours have been worked by this employee in this department/location during this employee in this department/location during this period.

Total [h]:mm					
Rate/Hr:					
Total Pay:					

Employee Signature Date

Manager Signature Date

Note: Electronic Signatures will be accepted only if they are an image of an actual signature (placed by that individual or if an Adobe Signature Certificate is used.

Grand Total Pay: _____