

Time Sheet

NO PERSON TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!
THIS TIME SHEET MUST BE PERSONALLY FILLED OUT AND SIGNED BY EMPLOYEE.

NAME OF EMPLOYEE					FOR TWO WEEK PERIOD ENDING:			
DEPARTMENT					EXEMPTIONS			
DAY OF THE WEEK	A.M. IN	OUT	P.M. IN	OUT	O.T. IN	OUT	REG. TOTAL	O.T. TOTAL
TOTAL								
AUTHORIZATION OF OVERTIME					SIGNATURE			

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