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EMPLOYEE TIME SHEET

NAME: _____ POSITION: _____ BLDG: _____ WEEK OF: _____

(ONLY ONE POSITION PER TIME SHEET) MULTIPLE TIME SHEETS THIS PAY PERIOD? _____

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	REASON	TOTAL
SATURDAY							
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
TOTAL							

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	REASON	TOTAL
SATURDAY							
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
TOTAL							

* EMPLOYEE SIGNATURE: _____

* SUPERVISOR'S SIGNATURE: _____

* BY SIGNING THIS TIME SHEET, YOU ARE VERIFYING THE ACCURACY OF THE INFORMATION*