		WEE	KLY TIMESHEET				
Company Name							
Street Address:			_	Pay period start date:			
Address 2:			Pay period end date:				
City, State, Zip Code	):		_				
Employee Name:			Employee phone:				
Manager Name:			Employee email:				
Day	Date	Regular Hours	Overtime Hours	Sick Time	Vacation Hours	Total	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
JOBBER	Total hours	0	0	0	0	0	
	Rate per hour						
	Total pay	\$0	\$0	\$0	\$0	\$0	
	-						
	Employee signature		Date				
	Manager signature		Date				

BIWEEKLY TIMESHEET									
Company Name									
Street Address:				Pay period start date:					
Address 2:			-	Pay period end date:					
City, State, Zip	o Code:		-						
Employee	Name:		-	Employee phone:					
Manager Name:			Employee email:						
Day	Date	Regular Hours	Overtime Hours	Sick Time	Vacation Hours	Total			
,						0			
						0			
						0			
						0			
						0			
						0			
						0			
						0			
						0			
						0			
						0			
						0			
						0			
						0			
JOBBER	Total hours	0	0	0	0	0			
	Rate per hour								
	Total pay	\$0	\$0	\$0	\$0	\$0			
	Employee signature	Employee signature Date							
	Manager signature		Date		-				