



Please complete, sign and return by email to edillmann@MagnusCS.com or fax: (615) 413-5099

Time Sheet

DATE: _____

Employee Name:	Week Ending Date (Sunday):
Client:	Job Site:
Employee Number:	Department:
Supervisor:	Extension:

Date	Start Time	End Time	Regular Hours	Overtime Hours	Total Hours
TOTALS:					

I certify that these hours are a true and accurate record of all time worked during the pay period.

Employee Signature:	Date:
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Supervisor Signature:	Date:
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