

EMPLOYEE PAYROLL TIMESHEET

Name: _____

Worksite: _____

Position: _____

Payment for: _____

(i.e. Overtime, Hourly Employee, Extra Days, etc.)

Employee #: _____

[illegible]

By signing and dating below, the employee hereby attests that the information reported by him/her is true and accurate.

Total:

Employee's Original Signature

Date _____

Administrator's Original Signature

Date _____

OFFICE USE ONLY[illegible]