

DAILY TIME SHEET

NAME	DEPARTMENT	LOCATION
TIME RECORD FOR:	SHIFT	JOB
	CONTRACT	OTHER

ORDER NO.	DESCRIPTION	TIME STARTED	TIME STOPPED	INITIALS	CONTROL NO.	TOTAL TIME
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

TOTALS

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SIGNATURES

EMPLOYEE	DEPARTMENT SUPERVISOR
SUPERVISOR	PAYROLL SIGNATURE