



**Individual Employee/Weekly Time Record**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Date	Time In	Lunch Out	Lunch In	Time Out	Total Hours
Grand Total for Week Ending: ___/___/___ ---					

Your signature represents that the hours shown are correct and the work was completed satisfactorily. By signing here, you acknowledge that you have retained a copy of this timesheet for your records.

**Employer Signature:** \_\_\_\_\_

By signing, you agree that the hours stated above are correct.

**Employee Signature:** \_\_\_\_\_