LABOR FORCE USA

www.laborforceusa.com

Week Ending Date _____

GROUP TIME SHEET

EMPLOYEE NAME	REGULAR HOURS	OVERTIME HOURS

NO PERSON IS TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION.
THIS TIME SHEET MUST BE PERSONALLY FILLED OUT AND SIGNED BY AN AUTHORIZED SUPERVISOR.
THIS FORM MUST BE RETURNED OR FAXED TO LABOR FORCE USA BEFORE 2:00 P.M. ON MONDAY.

Supervisor Signature _____