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WEEKLY TIME SHEET OVERTIME PAID AFTER 40 HOURS.

START DATE _____ END DATE _____

EMPLOYEE NAME _____ JOB TITLE _____

COMPANY WORKING FOR _____

NO PERSON IS TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION.

THIS TIME SHEET MUST BE PERSONALLY FILLED OUT AND SIGNED BY AN AUTHORIZED SUPERVISOR AND BY THE EMPLOYEE.

THIS FORM MUST BE RETURNED OR FAXED TO LABOR FORCE USA BEFORE 2:00 P.M. ON MONDAY.

DAY OF WEEK	START TIME	LUNCH OUT	LUNCH IN	END TIME	REGULAR HOURS	OVERTIME HOURS
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
TOTAL						

Supervisor Signature

Employee Signature