



## Weekly Time Sheet

Company Name \_\_\_\_\_

Day/ Month / Year \_\_\_\_\_

Pay Period \_\_\_\_\_

Name of Employee \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

T: 519 376 **HELP(4357)**

F: 519 371 3639

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Day	Date	Description of Job	In	Out	Less Mealtime:	Total Daily Hours	Supervisors Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
<b>Total Hours:</b>							

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisors Signature Date