Daily Time Sheet

Name			Department		Location			
Time Record For:		Shift	Jop	Contract	Other			
Date	Employee #	Soc. S	c. Sec. #		Payroll C	lassification	File #	

Task Description	Time Started	Time Stopped	Initials	Total Time
L	I		Total	

Signatures

Employee	Department Supervisor
Supervisor	Payroll Department