

WEEKLY TIME SHEET

Employee Name: _____

Pay Period From: _____ To: _____

	Date	Start	Lunch out	Lunch In	End	Hours Worked	Meal Hours	Total Hours	Over Time Approved
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									

Employee Certification

I certify, under penalty of perjury, that the hours reported above fully and accurately report all hours that I worked during the covered pay period and that I received all meal periods and rest periods unless otherwise specified on this form. I also verify that this timesheet reports all overtime I have worked, if any, during the pay period and that there are no other overtime or other hours that I have not reported.

Employee

Date

Supervisor's Approval

I certify that the hours reported on this timesheet and the statement of the employee are fully accurate.

Supervisor's Approval

Date