

TIME SHEET

PAY PERIOD: _____

EAGER TO SERVE INC
eagertoserve.org

PO Box 215
Freeport NY 11520
5162239592

EMPLOYEE NAME:	TITLE:
EMPLOYEE NUMBER:	STATUS:
DEPARTMENT:	SUPERVISOR:

DAY	DATE	START TIME	BREAK OUT	BREAK IN	END TIME	REGULAR HOURS LESS BREAK	OVERTIME HOURS	TOTAL HOURS
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUB TOTAL								
SUN								
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUB TOTAL								
PAY PERIOD TOTAL								

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:

FOR OFFICE USE ONLY:

HRLY WAGE: _____ HOURS: _____ GROSS AMT: _____ NET AMT: _____
 CHECK #: _____ ADJMNTS: _____ BOOKKEEPER'S INITIALS: _____ PAYDATE: __/__/__