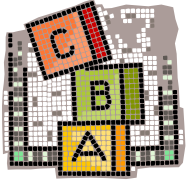


Name _____ Period _____ Date _____



Vendor: ABC Quality Foods
123 ABC St.
Texas
555-555-1234

TIME SHEET

Employee Name: _____ Title: _____

Employee Number: _____ Status: _____

Department: _____ Supervisor: _____

| Date | Start Time | End Time | Regular Hrs. | Overtime Hrs. | Total Hrs. |
|----------------------|------------|----------|--------------|---------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Weekly Totals | | | | | |

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____