

TIME SHEET

Employee's Name _____

SS# (last 4 digits) _____

Week Ending _____

Project Information

Day of Week	Job Name/Number	Work Description	Time In	Time Out	Hours	Lunch Out	Lunch In

Did you have a job-related injury this week?

Yes No

If yes, please explain:

Did you wear your PPE (Personal Protection Equipment)?

Yes No N/A

If no, please explain:

By signing this time sheet I hereby certify that the above information is true and accurate to the best of my knowledge. I also understand that if my time sheet is not submitted by _____, I will not be paid until the following payday.

Employee's signature _____

Supervisor's signature (if applicable) _____

Date signed _____