



Tel: (714) 210-5959
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WEEKLY TIME SHEET

NO PERSON TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION
 THIS TIME SHEET MUST BE PERSONALLY FILLED OUT AND SIGNED BY EMPLOYEE

NAME OF EMPLOYEE:	FOR WEEK ENDING
DEPARTMENT :	EXEMPTIONS

DAY OF WEEK	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY	
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTAL								

Your signature authorizes us to pay our employee and bill your company for the number of total hours indicated above and written below

Signature of Supervisor _____
 (Authorization of Overtime)

Signature of Employee _____
 (By signing this time card, I state that I have not had any work related injury during this time frame)

COMPANY
WORKSITE (CITY)