



Time Sheet

Pay period start date: _____

Pay period end date: _____

30250, John R. Road

Madison Heights, MI 48071

Phone: 586-421-5174 Fax: 586-933-2575

Employee Name: _____

Manager Name: _____

	Date	Location	In	Out	In	Out	Total Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							_____

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____

***Time Sheet MUST Be Signed By the manager before it will be accepted.**

***Time Sheet Due By Monday 9:00AM**