

## GROUP TIME SHEET

COMPANY		WEEK ENDING	OFFICE LOCATION
CUSTOMER NO.			

EMPLOYEE NAME SOCIAL SECURITY NUMBER (PRINT)	ROUND HOURS TO NEAREST QUARTER HOUR	DATE	DATE	DATE	DATE	DATE	DATE	DATE	TOTAL HOURS		
									REG.	O.T.	D.T.
	COMMENTS	IN									
		OUT									
		LESS LUNCH									
		TOTAL									
EMPLOYEE SIGNATURE											
	COMMENTS	IN									
		OUT									
		LESS LUNCH									
		TOTAL									
EMPLOYEE SIGNATURE											
	COMMENTS	IN									
		OUT									
		LESS LUNCH									
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		TOTAL									
EMPLOYEE SIGNATURE											
	COMMENTS	IN									
		OUT									
		LESS LUNCH									
		TOTAL									
EMPLOYEE SIGNATURE											

Client's signature indicates acceptance of the terms and conditions on reverse side. Do not sign if hours are not totaled.

Client Signature \_\_\_\_\_