WEEKLY TIMESHEET

Workweek of _____ to _____

Employee name	Employee ID	Job title	FLSA status
Department	Supervisor	Workweek begins	Pay date

Hours

Day	Date	Time in	Time out	Unpaid meal break (min)	Hours worked	PTO or holiday hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
				Week total		

Overtime and gross pay

Hours worked in the workweek	
Regular hours (up to 40)	
Overtime hours (over 40)	
PTO or holiday hours (not hours worked)	
Regular hourly rate	
Regular pay	
Overtime pay at 1.5 times the rate	
PTO or holiday pay	
Gross pay for the week	

Employee certification

I certify that the hours above are a true and complete record of all the time I worked this workweek, including any time worked before or after my shift or during meal breaks.

Employee signature and date

Supervisor approval and date