



Weekly Employee Time Sheet

Name: **Charlotte**

Date	Day	Start	Lunch Break	Finish	Overtime
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Hours Overtime:					
Total Overtime Pay (official use only):					

Employee Signature: _____

Authorised Signature (must be a Director): _____



Weekly Employee Time Sheet

Name: **Dan**

Date	Day	Start	Lunch Break	Finish	Overtime
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Hours Overtime:					
Total Overtime Pay (official use only):					

Employee Signature: _____

Authorised Signature (must be a Director): _____



Weekly Employee Time Sheet

Name: **Gray**

Date	Day	Start	Lunch Break	Finish	Overtime
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

Total Hours Overtime:

Total Overtime Pay (official use only):

Employee Signature: _____

Authorised Signature (must be a Director): _____



Weekly Employee Time Sheet

Name: **Helen**

Date	Day	Start	Lunch Break	Finish	Overtime
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Hours Overtime:					
Total Overtime Pay (official use only):					

Employee Signature: _____

Authorised Signature (must be a Director): _____



Weekly Employee Time Sheet

Name: **Ken**

Date	Day	Start	Lunch Break	Finish	Overtime
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Hours Overtime:					
Total Overtime Pay (official use only):					

Employee Signature: _____

Authorised Signature (must be a Director): _____



Weekly Employee Time Sheet

Name: **Paul**

Date	Day	Start	Lunch Break	Finish	Overtime
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Hours Overtime:					
Total Overtime Pay (official use only):					

Employee Signature: _____

Authorised Signature (must be a Director): _____



Weekly Employee Time Sheet

Name: **Warren**

Date	Day	Start	Lunch Break	Finish	Overtime
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
Total Hours Overtime:					
Total Overtime Pay (official use only):					

Employee Signature: _____

Authorised Signature (must be a Director): _____