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Please fax timesheets by Friday evening
 (unless you are working the weekend) to:
 866-405-2219

Weekly Time Record

Week ending: (always Sunday) _____

Employee: _____

Manager: _____

Day	In	Out	In	Out	Regular Hours	Overtime Hours	Sick	Vacation	Total
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Total									

Employee signature: _____ **Date:** _____

Manager signature: _____ **Date:** _____