

Time Sheet



Name _____ Month _____

Please indicate any days absent – either holiday or sick.

Date	Location	Start time	End time	Total hours	Pay rate
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
				Total hours for month	

Employee's signature _____ Authorised by _____

Rate codes: N = normal hourly rate O/T = overtime rate