

Employee Time Sheet

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Employee Details (Please use block letters)

Employee Name _____

Telephone _____

Date ____ / ____ / ____

WEEK ENDING

Required _____

Customer Name _____

Time Sheet

DAY		SAT		SUN		MON		TUES		WED		THURS		FR	
DATE															
TIME		HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN	HR	MIN
A M	IN														
	OUT														
P M	IN														
	OUT														
N I G H T	IN														
	OUT														
DAILY TOTAL															
TOTAL HOURS															

I hereby certify that the foregoing is a true and accurate record of all time worked.

Signature of Employee

Signature of Supervisor

Department