

Time Sheet



Name _____ Month _____

Please indicate any days absent – either holiday or sick.

Date	Location	Start time	End time	Break 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