

Employer's Name: _____

TIME SHEET

Employer's Address: _____

Month and Year _____

Title: Cleaning

Employee Name: _____

Owner _____

Regular Employee _____

Day	Start Work	Begin Lunch	End Lunch Time	End Work	Regular Hours	Over Time	Cash Advance
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							
				MONTHLY TOTAL:			

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____