



# WEEKLY TIME SHEET

FOR WEEK ENDED: \_\_\_\_\_ EMPLOYEE NAME: \_\_\_\_\_

DAY	DATE	START TIME	END TIME	# OF BREAKS TAKEN	NOTES
MONDAY				<input type="checkbox"/> 30 MIN <input type="checkbox"/> 15 MIN	
TUESDAY				<input type="checkbox"/> 30 MIN <input type="checkbox"/> 15 MIN	
WEDNESDAY				<input type="checkbox"/> 30 MIN <input type="checkbox"/> 15 MIN	
THURSDAY				<input type="checkbox"/> 30 MIN <input type="checkbox"/> 15 MIN	
FRIDAY				<input type="checkbox"/> 30 MIN <input type="checkbox"/> 15 MIN	
SATURDAY				<input type="checkbox"/> 30 MIN <input type="checkbox"/> 15 MIN	
SUNDAY				<input type="checkbox"/> 30 MIN <input type="checkbox"/> 15 MIN	