

Weekly Employee Time Sheet

© 2010 Vertex42 LLC

GA Dental Staffing Agency

Employee Name: _____

Office:

Address:

City, Zip:

GA Dental: 770-715-0607

GA Fax: 770-788-9082

Staffing Coordinator: Ms. G. Miller

Week Starting: _____

Day of Week	Time In	Time Out	Time In	Time Out	Total Hrs	Regular Hrs	Overtime	Sick Hrs	Holiday Hrs	Vacation Hrs
Mon					0.00	0.00				
Tue					0.00	0.00	0.00			
Wed					0.00	0.00	0.00			
Thurs					0.00	0.00	0.00			
Fri					0.00	0.00	0.00			
Sat					0.00	0.00	0.00			
					0.00	0.00	0.00			

Total Hrs:

Rate/Hr:

--	--	--	--	--

Total Pay:

0.00	0.00	0.00	0.00	0.00
------	------	------	------	------

Employee Signature _____ Date _____

Manager Signature _____ Date _____

Grand Total Pay: -