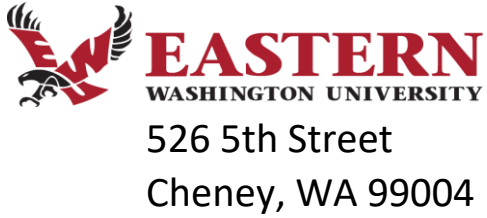


Weekly Timesheet



Employee _____
 ID Number _____
 Email _____
 Supervisor _____

Day	Date	Task 1	Hours	Task 2	Hours	Task 3	Hours	Total	
Mon									
Tues									
Wed									
Thur									
Fri									
Sat									
Sun									
								Total	

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____