Monthly timesheet

Employee: _____ Month: _____ Department: _____

Date	Day	Hours worked	PTO	Sick	Holiday	Unpaid	Total paid	Notes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
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14								
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17								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals								

I certify that this timesheet is a true and complete record of all the time I worked, including any work before or after my shift and during meal breaks.

Employee signature _____ Date _____

Supervisor approval _____ Date _____

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