



WEEKLY TIME SHEET

Employee Name: _____
(print please)

ADP Emp ID #: _____ Branch: _____

Date	Ticket Number	Job #	Customer/ Plant	Billable Hours	Billable Travel	NonBillable Hours	NonBillable Travel-Training	Total Hours	Days Per Diem		
Mon.											
Tues.											
Wed.											
Thurs											
Fri.											
Sat.											
Sun.											
Comments:				Subtotal							
				Weekly Total:						Hours	Per Diem

I acknowledge the hours on this timesheet are accurate. I did not work any hours NOT included on this timesheet. In addition, no one asked, requested, required, or pressured me to work any hours not included on this timesheet. This timesheet lists every hour I worked, and I confirm that I will not later claim that I worked hours not listed on this timesheet. The accuracy of this timesheet is my responsibility and I accept that responsibility.

Employee Signature

Date