



Weekly Timesheet

Employee Name:			
Employee Address:			Phone:
City:	State :	Zip:	Position:

	Date	Rate	Comments	IN	OUT	IN	OUT	Regular Hrs.	OT Hrs.	Total Hrs.
SUN										
MON										
TUES										
WED										
THUR										
FRI										
SAT										
Total										

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please fax to: Interweave Production Group (510)351-4772