

WEEKLY TIMESHEET

Student Name:_____

Compa	шу				
Superv	Supervisor (Print Name):				
Superv	visor Phone Number	•			
Superv	visor Email:				
Wages	per hour:				
Date	Start Time	Lunch Start	Lunch End	End Time	Total Hrs.
				Weekly Total	
Employee Signature:			Date [.]		
Supervisor Signature:			Date:		