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**Overtime Must Be Authorized By Client**

WEEKLY TIMESHEET

|  |  |
| --- | --- |
| **NAME OF EMPLOYEE:** | **FOR WEEK ENDING:** |
| **COMPANY:** | **DEPARTMENT:** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day of the Week** | **Morning** | | **Afternoon** | | **Overtime** | | **For Office Use Only** | |
| **IN** | **OUT** | **IN** | **OUT** | **IN** | **OUT** | **IN** | **OUT** |
| **Monday** |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

**Your signature authorizes us to pay our employee and bill your company for the number of total hours indicated above and written below**

**Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature of the Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(authorization of overtime) (by signing this timecard, I state that I have not had any work-related injury during this timeframe)**