

TIME SHEET

WEEK ENDING DATE (SUNDAY): - _____

A-LIST	' SOI	LUTION	S. INC

A-LIST SOLUTIONS, INC
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EMPLOYEE NAME:			SUPERVISOR NAME:			
DATE	DAY	TIME IN	LUNCH	TIME OUT	TOTAL HOURS	
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
WEEKLY TOTALS:		DUE EACH MONDAY BY NOON				
EMPLOYEE SIGNATURE:				DATE:		
SUPERVISOR SIGNATURE:				DATE:	DATE:	