

# ATTENDANCE TIMESHEET

Corporate Services Division

Form Ref: HR-TS-2024

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Pay Period: \_\_\_\_\_

| DAY                            | DATE | TIME IN | TIME OUT | BREAK (MIN) | TOTAL HOURS | NOTES / PROJECT |
|--------------------------------|------|---------|----------|-------------|-------------|-----------------|
| MON                            |      |         |          |             |             |                 |
| TUE                            |      |         |          |             |             |                 |
| WED                            |      |         |          |             |             |                 |
| THU                            |      |         |          |             |             |                 |
| FRI                            |      |         |          |             |             |                 |
| SAT                            |      |         |          |             |             |                 |
| SUN                            |      |         |          |             |             |                 |
| <b>Weekly Cumulative Total</b> |      |         |          |             |             |                 |

Employee Signature

Manager/Supervisor Approval