

DAILY MASTER TIMESHEET



COMPANY NAME
DEPARTMENT/LOCATION

POSITION ORDERED	NUMBER	TIME	DAY	ASSIGNMENT DATE	
				/ / 20__	
Hospitallity Staffing EMPLOYEE NAME	Time IN	Time OUT	BREAK	Total HOURS	Performance GRADE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

MANAGER'S FEEDBACK:

MANAGER'S APPROVAL: **X**

DATE: / / 20__

MANAGER: Please complete, sign, and **Fax to 602-955-1888** upon completion of this shift.