

# DAILY TIME SHEET



<b>COMPANY NAME</b>
<b>DEPARTMENT</b>

POSITION ORDERED		NUMBER	TIME	DAY	ASSIGNMENT DATE	
					/ /	
Hospitality Staffing EMPLOYEE NAME		Time IN	Time OUT	Less BREAK	Total HOURS	Employee INITIALS
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: / /

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