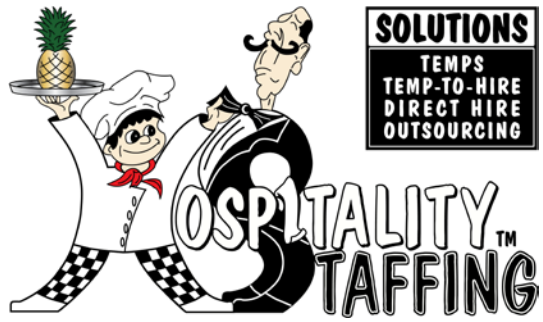


WEEKLY MASTER TIMESHEET



COMPANY NAME
DEPARTMENT/LOCATION

WEEK-ENDING SUNDAY	MON	TUE	WED	THU	FRI	SAT	SUN	Page of Page	
/ /	/	/	/	/	/	/	/		

EMPLOYEE NAME	Time In	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL WEEKLY HOURS
Phone Number	Time Out								
	Break								
	Total								
	Manager								
EMPLOYEE NAME	Time In								TOTAL WEEKLY HOURS
Phone Number	Time Out								
	Break								
	Total								
	Manager								
EMPLOYEE NAME	Time In								TOTAL WEEKLY HOURS
Phone Number	Time Out								
	Break								
	Total								
	Manager								
EMPLOYEE NAME	Time In								TOTAL WEEKLY HOURS
Phone Number	Time Out								
	Break								
	Total								
	Manager								
EMPLOYEE NAME	Time In								TOTAL WEEKLY HOURS
Phone Number	Time Out								
	Break								
	Total								
	Manager								

MANAGER'S FEEDBACK:

MANAGER'S APPROVAL: **X**

DATE: / /

MANAGER	Please calculate hours daily and initial. At end of week total work hours, sign, and FAX TO 602-955-1888 each MONDAY to ensure timely payroll and invoicing.
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