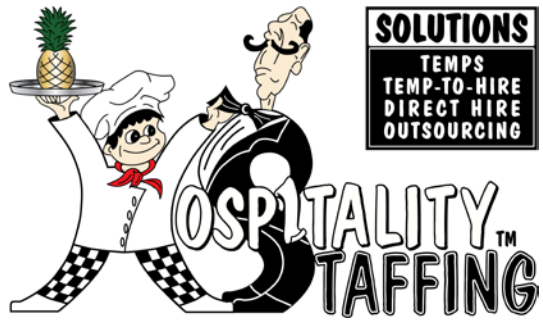


WEEKLY MASTER TIMESHEET



COMPANY NAME
DEPARTMENT/LOCATION

WEEK-ENDING SATURDAY	SUN	MON	TUE	WED	THU	FRI	SAT	Page of Page	
/ /	/	/	/	/	/	/	/		
EMPLOYEE NAME	Time In							TOTAL WEEKLY HOURS	
	Time Out								
	Break								
Phone Number	Total								
	Manager								
EMPLOYEE NAME	Time In							TOTAL WEEKLY HOURS	
	Time Out								
	Break								
Phone Number	Total								
	Manager								
EMPLOYEE NAME	Time In							TOTAL WEEKLY HOURS	
	Time Out								
	Break								
Phone Number	Total								
	Manager								
EMPLOYEE NAME	Time In							TOTAL WEEKLY HOURS	
	Time Out								
	Break								
Phone Number	Total								
	Manager								
EMPLOYEE NAME	Time In							TOTAL WEEKLY HOURS	
	Time Out								
	Break								
Phone Number	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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