DAILY TIME SHEET

Employee: _____ (Note: All overtime must be pre-approved by your manager)
Total Hours: _____ Date: _____ Day of Week: _____

Auto Mileage: Start of Day: _____ End of Day: _____

Check If Applies:	Vacation:		Sick Leave:		Holiday:		Unpaid Time Off:	

Work order #	Customer / Job	Travel	Time In	Time Out	Open / Closed

Signature: _____