Weekly Timesheet

Employee Name: **Employee ID:**

Client Organization: **Supervisor Name:**

Role/Title: **Week Ending:**

Contract Vehicle: **Purchase Order #:**

DAY	TIME IN	TIME OUT	LUNCH	TIME IN	TIME OUT	TOTAL HRS
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
				WEEKLY TOTAL:		

Notes / Comments:

APPROVALS

Employee Signature: **Date:**

Supervisor Signature: **Date:**

By signing above, the employee certifies that the hours recorded are accurate. The supervisor certifies the hours were worked as stated. This timesheet is subject to audit. Submit to Dominus Gray within 2 business days of the week ending date.