



Global Employment Marketing, LLC

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TIME SHEET

WEEK OF _____

EMPLOYEE NAME:	EMPLOYER:
DEPARTMENT ASSIGNED:	STATUS OF EMPLOYEE:
EMPLOYEE JOB TITLE:	SUPERVISOR:

DAY	START TIME	END TIME	REGULAR	OVERTIME	TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
WEEKLY TOTALS:					

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:

**** To be paid on Friday Please Fax Time Sheet to GEM no later than Monday****
If Time Sheet is not received by 5 pm on Monday, all hours will be paid the following Friday