

DEL SOL INC

P.O.BOX 3028
PASCO, WA 99302
Phone (509) 542-9511 Fax (509) 545-5242

TIME SHEET

**TIME SHEETS ARE DUE 1st & 15th
PAY DAYS ARE 5TH & 20TH**

Employee Name: _____ Month : _____

Address _____ Projects: _____

Phone # _____ Pay Rate\$: _____

| Date | Start Time | End Time | Regular Hrs. | Overtime Hrs. | Total Hrs. |
|----------------------|------------|----------|--------------|---------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Weekly Totals | | | | | |

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Notes:

General Manager: _____ Date: _____