

Weekly Time Sheet

Stillwater Technologies, Inc.

1040 S. Dorset Rd.
Troy, OH 45373

PLEASE PRINT

This sheet must be filled out and signed by employee. All notations should be made in ink and any corrections must be initialed by the employee and supervisor.

Employee Name _____ Department _____

Employee/Payroll # _____

Week Ending ____/____/____	Morning		Afternoon		Overtime		Total	Total
	IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY / /								
TUESDAY / /								
WEDNESDAY / /								
THURSDAY / /								
FRIDAY / /								
SATURDAY / /								
SUNDAY / /								
Weekly Totals								

I certify that this time sheet truthfully reflects all hours worked by me during the recorded period.

Employee's Signature _____ Date ____/____/____

Supervisor's Signature _____ Date ____/____/____

Manager's Signature _____ Date ____/____/____