

POELLINGER INC. TIMESHEET

FOR WEEK ENDING://	
--------------------	--

EMPLOYEE NAME:		EMPLOYEE ID#:									
	DATE:										
WORK DESCRIPTION/		# OF HOURS PER DAY						TOTAL		COST	
JOB NAME	SU	N MON	TUE	WED	THU	FRI	SAT	REG	O/T	CODE	
TOTALS:											
TOTALS.											
						ı					
Employee Signature:				Da	te subm	nitted: _	/	_/			
Reviewed by:		Date reviewed:/									