		Property Address:								
		Employer:			·					
		Employee(s) Name(s) 1		2.					
		Total Weekly Hour			٤٠,		-			
		Schedule								
	1	Total Monthly Hour								
	į	Schedule								
WEEK#1					WEEK #5]	
Date	Employee #1	Employee #2	Total		Date	Employee #1	Employee #2	Total	1	
	Hours worked:	Hours worked:				Hours worked:	Hours worked:]	
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WEEK#2	Y	T]			Cl 44			
Date Date	Employee #1	Employee #2	Total	1			Employee #1			
vate	Hours worked:	Hours worked:	100.01		Total Personal Rein	nhursahla Evnansas su	hmitted this month	<u> </u>		
	HOUIS WOLKER!	Hours worked.				eimbursable Expenses submitted this month ded the hourly work schedule *		Signature		
					I have taken the red	quired 30 mln. lunch h	reak when exceeding	s Jagnature_		
	 		 		Hours of work & an	v other rest break red	ulred by applicable lav	w Signature		
,				1	If you missed a rest	period or meal break	, state the date of and	Jugitatore_		
· · · · · · · · · · · · · · · · · · ·	-		·	1	explain why	•	,			
				1						
·				1				Date:	Date:	
	<u> </u>			-	Certification: I cert	Ify that this time shee	t is a true, accurate an	d		
_				-	complete record of	my working time		į		
WEEK #3										
Date	Employee #1	Employee #2	Total		Signature:					
	Hours worked:	Hours worked:	.L	<u> </u>		·				
				1						
				1						
]	Employee #2					
				1	Total Possessi 9-1-	husenhla Cunancas au	hanisand ship as a sal	· · · · · · · · · · · · · · · · · · ·		
				1	I have not exceeded	bursable Expenses su the hourly work sche	dulo t	\$\$		
				1	I have taken the rec	uired 30 min lunch h	roak when eveneding t	Signature		
				J	I have taken the required 30 min, lunch break when exceeding 5 Hours of work & any other rest break required by applicable law Signature					
			•				state the date of and	Jigilatule		
IA/CEV MA	,			1	explain why	,				
WEEK #4 Date	Employee #1	Employee #2	Total	1						
Jate	Hours worked:	Hours worked:	'5'''	}	Certification: I certify that this time sheet is a true, accurate and		d Date:			
	HOUIS HOINGE			· .	complete record of					
•!			 	1						
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		1		1	Signature:					
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MONTH OF _____

* Employer's written approval is required to exceed the hourly schedule

ONSITE MANAGER – MONTHLY TIME SHEET