Monthly Employee Time Sheet

Allied Systems Northwest LLC

Send To: FVSmith@AlliedSystemsNW.com

503.869.8161/888.869.8161

Employee Name: _____

Manager Name: Franklin Smith

Period Starting: **2/1/2018** Ending: **2/28/2018**

Day of Week	Time In	Time Out		Time In	Time Out		Time In	Time Out	Total Hrs	Regular Hrs	Overtime	Sick Hrs	Holiday Hrs	Vacation Hrs
Thu 2/1	12:00 AM	12:00 AM	0	12:00 AM	12:00 AM	0	12:00 AM	12:00 AM	0.00	0.00				
Fri 2/2	12:00 AM	12:00 AM	0	12:00 AM	12:00 AM	0	12:00 AM	12:00 AM	0.00	0.00				
Sat 2/3									0.00	0.00				
Sun 2/4									0.00	0.00				
Mon 2/5									0.00	0.00				
Tue 2/6									0.00	0.00				
Wed 2/7									0.00	0.00				
Thu 2/8									0.00	0.00				
Fri 2/9									0.00	0.00				
Sat 2/10									0.00	0.00				
Sun 2/11									0.00	0.00				
Mon 2/12									0.00	0.00				
Tue 2/13									0.00	0.00				
Wed 2/14									0.00	0.00				
Thu 2/15									0.00	0.00				
Fri 2/16									0.00	0.00				
Sat 2/17									0.00	0.00				
Sun 2/18									0.00	0.00				
Mon 2/19									0.00	0.00				
Tue 2/20									0.00	0.00				
Wed 2/21									0.00	0.00				
Thu 2/22									0.00	0.00				
Fri 2/23									0.00	0.00				
Sat 2/24									0.00	0.00				
Sun 2/25									0.00	0.00				
Mon 2/26									0.00	0.00				
Tue 2/27									0.00	0.00				
Wed 2/28									0.00	0.00				
									0.00	0.00				
									0.00	0.00				
									0.00	0.00				
									Total Hrs:					
									Rate/Hr:	25.00	37.50	25.00	25.00	25.00
									Total Pay:	0.00	0.00	0.00	0.00	0.00

Employee Signature _____ Date _____

Grand Total Pay: -

Manager Signature _____ Date _____