

**TOWN OF WATERBORO - TRANSFER STATION
WEEKLY TIME SHEET**

Employee Name: _____

Week Ending: _____

Department: _____

Employee #: _____

Day	Time In	Time Out	Time In	Time Out	Regular	Overtime	Holiday	Sick	Vacation	Other
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total Hours/ Each Column -->										

Total Hours - Week (All Columns) -->

Employees Signature: _____

Supervisor Signature: _____

Date: _____

NOTES _____
