

B & B Total Supply

Name: _____

TIMESHEET						
Week ending: / /	Start	Finish	Actual hours worked (excl break)	Overtime	Sick leave	Holiday leave
<i>Wednesday</i>						
<i>Thursday</i>						
<i>Friday</i>						
<i>Saturday</i>						
<i>Sunday</i>						
<i>Monday</i>						
<i>Tuesday</i>						
Totals						

Employee signature: _____

Date: _____

(for management use only)

Normal hours	OT	Annual Leave	Sick Leave	Total

Approved by: _____

Date: _____