|  |  |
| --- | --- |
| COMPANY NAME  Write Company Slogan Here  Address Line 1  Address Line 2  City, STATE ZIP  COUNTRY  Tel: (123) 456-7890  Fax: (123) 456-7890 | TIME LOG |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee Number:** |  |
| **Job Title:** |  | **Department:** |  |
| **Supervisor Name:** |  | **Location:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Start Time** | **End Time** | **Regular Hours** | **Overtime Hours** | **Total Hours** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Weekly Total** |  |  |  |

Employee Signature: Date:

Supervisor Signature: Date: