POE Pacific Office Equipment, Inc.
Time Sheet

Employee Name: _____

Social Security: _____   **Employee Number:** _____

Department Name: _____

		PERIOD ENDING (DATE)				
DATE	**TIME IN**	**MEAL BREAK**		**TIME OUT**	**TOTAL REGULAR HOURS**	**TOTAL OVERTIME HOURS**
		TIME OUT	**TIME IN**			

DATE	TIME IN	MEAL BREAK TIME OUT	MEAL BREAK TIME IN	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS
				WEEKLY TOTAL			

DATE	TIME IN	MEAL BREAK TIME OUT	MEAL BREAK TIME IN	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS
				PERIOD ENDING (DATE)			
				WEEKLY TOTAL			
				GRAND TOTAL			

_____   _____

EMPLOYEE SIGNATURE   SUPERVISOR / MANAGER SIGNATURE