TA WOODS COMPANY WEEKLY TIME SHEET

EMPLOYEE NAME: ______________________________ **WEEK ENDING DATE:** __________

JOB DESCRIPTION &/OR NOTES	JOB #	COST CODE	HOURS WORKED							TOTAL
			MON	TUE	WED	THUR	FRI	SAT	SUN	
			S	S	S	S	S	S	S	
			O	O	O	O	O	O	O	
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
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										0.00
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										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00
										0.00

TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

In signing this time sheet, I have reviewed the hours recorded. I attest the hours recorded are the true hours I worked and/or the hours I will be compensted based on company policy.

☐ I have not sustained a work related injury during the recorded work week.

☐ I have sustained a work related injury during the recorded work week. I have reported this to my supervisor immediately after the incident per company policy and completed the appropriate documents.

EMPLOYEE SIGNATURE:______________________________ DATE: ____________________

SUPERVISOR SIGNATURE: ______________________________ DATE: ____________________

APPROVED:______________________________