

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	
TOTALS										

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: _____