



STRAIGHT SHIFT

Employee Name _____

Facility Name _____

Period Starting Date ____ / ____ / ____

Period Ending Date ____ / ____ / ____

DATE	TIME IN	MEAL BREAK START	MEAL BREAK END	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR OVERTIME HOURS
TOTAL							

By signing this time sheet, I certify that the information is true and accurate and that any indicated Overtime hours have been approved by my Administrator.

Employee Signature _____ Administrator Signature _____