DAILY TIME SHEET

FORMAT NO.

DEPARTMENT :

LOCATION / AREA :

EMPLOYEE NAME: EMPLOYEE NUMBER:

JOB CATEGORY : SUPERVISOR / OPERATOR / HELPER / SKILLED WORKER

ROUTINE JOB:

SPECIAL TASK GIVEN – TIME MANAGEMENT REQUIREMENT

TASK	JOB DONE	START TIME	END TIME	TOTAL HOURS

BRIEF NOTE:	SUPERVISOR SIGNATURE	MANAGER – PROJECT	HUMAN RESOURCE – SIGNATURE