

QUESTAR III

HOURLY TIMESHEET

Name of employee: _____

Employee ID #: _____

Location: _____

Title of position: _____

DAY	DATE	BEGAN WORK	LUNCH		STOPPED WORK	TIME	
			FROM	TO		HOURS	MINUTES
THURSDAY							
FRIDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
TOTAL:							

Payroll code: _____

Date

Signature of employee

Mail to: Questar III
Attn: Payroll Office
10 Empire State Blvd.
Castleton, New York 12033

Signature of supervisor or administrator