Time Sheet



Client Name										
Employee's Name					For the Period					
Manager's Name										
Week Ending	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total	Notes	
									Total Hours	
Entered By (Consultant's signature certifies that this timesheet is a true and accurate summary of hours worked.)						Approved By (Manager's signature certifies that the Manager is authorized to approve the consultant's timesheet.)				
Date:						Date:				
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