Hourly Employee Timesheet

Use this form when all necessary legal documents are on file

growchurches.com

NAME____

ADDRESS____

CITY____ STATE________ ZIP ______________

PERIOD STARTING *(DATE)*___________________ PERIOD ENDING *DATE)* ___________________________

DATE	TIME IN	TIME OUT	HOURS	WORK PERFORMED

TOTAL HOURS		HOURLY RATE	

GROSS		CHECK #		CHECK AMT	
FED		STATE		SS AND MED	

_______________________________ _______________________________

Signature Supervisor Signature