

Schaeffer Electric Time Sheet

Week Ending _____

Employee Name _____

Rate Options AP/L1/L2/L3/CJ/CF/GF

	Job #	Job Name	Park	J Move	LOCAL	SHIFT	RATE	STRAIGHT	X 1 1/2	X 2
SUNDAY										
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										

TOTALS

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Signature _____

Approved By RB

Grand Total of Hours