



Please print clearly!

Weekly Time Sheet

Week Ending Date: _____

Employee Name: _____

Site Employer Business Name: _____

| | Date | Start Time | Lunch Out | Lunch In | End Time | Work Hours |
|-----------|------|------------|-----------|----------|----------|------------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| | | | | | Total | |

Please Email to: dvrpayroll@oppinc.com

or

Fax to: (920)563-7443

Due by 5pm on Mondays

Employee Name: _____

Employee Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____