

APPRENTICE NAME:

Apprentice Social Security Number:

Weekly Employee Timesheet

Name of Establishment:

Week Beginning:
(always Sunday)

Address of Establishment:

Address

City

Zip

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
DATE								
START WORK								
TIME OUT LUNCH								
TIME IN LUNCH								
END WORK								
Total Hours Per Day								

Total Hours Worked
For the Week

Apprentice Signature:
(required)

Date:

Supervising Artist Signature:
(required)

Date:

