

Employee Name: _____

Week Ending Date: ____/____/____

Client Name: _____

Job Name: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Total Hours Worked							
Supervisor Initials							



Total Hours for Week

Regular: _____

Overtime: _____

Supervisor Signature

Please turn in time sheets by 5pm Mondays: text/email: hours@qtrnc.com or Fax: 919-844-1194.

Phone: 919-844-1193

Pink - Customer
Yellow - Employee
White copy - Quality Trade

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