

WEEKLY TIME SHEET

Committee Use Only

Transaction ID: _____

(Committee Name)

Employee Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Salary/Wage/Fee: \$ _____ per: hour | day Period Covered: _____
(circle one)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Time In:								
Time Out:								
Hours Worked								
Duties Performed	_____ _____ _____							
Total Hours Worked				Paid Amount				

VERIFICATION

I hereby affirm that the employee named above has performed the duties, worked the hours, and was paid the amount listed above.

Employee Signature

Date

Candidate or Treasurer Signature

Date

For Committee Use Only

Paid: \$ _____ by cash or check (circle one) Check Number: _____

Paid by: Committee Other: _____