

# PERSONAL MASTER TIMESHEET

**NAME :** \_\_\_\_\_



**WEEK START:** \_\_\_\_\_

**Start Time:** 8:00 AM    **Lunch Break:** 12:00-12:30PM    **Stop Time:** 3:30 PM  
**OT1.5:** 6:00AM-8:00AM(M-F); 3:30PM-5:30(M-F); 8:00AM-3:30PM(Sat)    **OT2.0:** Any hours beyond above.

**WEEK END:** \_\_\_\_\_

**Codes:** ST = Regular Time    OT1.5x = Time & 1/2    OT-2x = Double Time    \*Shift Job: S = Swing    G = Graveyard

Working Hours				MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		SUNDAY	TOTAL	TOTAL	TOTAL		
MORNING																										
LUNCH BREAK																										
AFTERNOON																										
Job Number	Pay	Shift *	Asb	ST	OT 1.5x	OT 2x	ST	OT 1.5x	OT 2x	ST	OT 1.5x	OT 2x	ST	OT 1.5x	OT 2x	ST	OT 1.5x	OT 2x	OT 1.5x	OT 2x	2x	ST	OT 1.5x	OT 2.0x		
1			<input type="checkbox"/>																							
2			<input type="checkbox"/>																							
3			<input type="checkbox"/>																							
4			<input type="checkbox"/>																							
5			<input type="checkbox"/>																							
6			<input type="checkbox"/>																							
7			<input type="checkbox"/>																							
8			<input type="checkbox"/>																							
9			<input type="checkbox"/>																							
10			<input type="checkbox"/>																							
11			<input type="checkbox"/>																							
12			<input type="checkbox"/>																							
13			<input type="checkbox"/>																							
14			<input type="checkbox"/>																							
15			<input type="checkbox"/>																							
16			<input type="checkbox"/>																							
17			<input type="checkbox"/>																							
<b>Total</b>																										

Any hours not in the conformity with the regular schedule above please note here:

---



---



---

Electrician Signature: \_\_\_\_\_

Foreman's Approval: \_\_\_\_\_