

Income Tax & Payroll Services

(323) 732-2725 Fax (323) 732-1313

Email: PayrollService@IT-PSS.Com

INDIVIDUAL EMPLOYEE TIME SHEET

First Name: _____ Middle Initial: _____ Last Name: _____

SSN: _____ - _____ - _____ Hourly Salary Pay Period: Weekly Bi-weekly

Week 1 Pay Period Beginning Date: _____

Type of Payment	Department Number	FRI	SAT	SUN	MON	TUE	WED	THU	TOTAL HOURS
Regular									
Overtime									
Sick									
Holiday									
Vacation									
Adjustment									
Daily Totals									

Week 2 Pay Period Beginning Date: _____

Type of Payment	Department Number	FRI	SAT	SUN	MON	TUE	WED	THU	TOTAL HOURS
Regular									
Overtime									
Sick									
Holiday									
Vacation									
Adjustment									
Daily Totals									

Additional Information: _____

Company Name: _____
Payroll Administrator Signature: _____
Payroll Administrator Name: _____ Date: _____