

**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	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL HOURS
Regular									
Overtime									
Sick									
Holiday									
Vacation									
Adjustment									
Daily Totals									

Week 2 Pay Period Beginning Date: \_\_\_\_\_

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

Additional Information: \_\_\_\_\_

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