

**INCOME TAX & PAYROLL SERVICES**

**Tel (323) 732-2725 Fax (323) 732-0255**

**Email: INFORMATION@IT-PSS.COM**

**EMPLOYEE TIME SHEET FORM**

Week Ending Date \_\_\_\_\_

**Employee 1**

First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Hourly: \_\_\_\_\_ Salary: \_\_\_\_\_ Regular Hours Worked: \_\_\_\_\_

Overtime Hours Worked: \_\_\_\_\_ Sick Hours: \_\_\_\_\_ Vacation Hours: \_\_\_\_\_ Adjust Hours: \_\_\_\_\_

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

**Employee 2**

First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Hourly: \_\_\_\_\_ Salary: \_\_\_\_\_ Regular Hours Worked: \_\_\_\_\_

Overtime Hours Worked: \_\_\_\_\_ Sick Hours: \_\_\_\_\_ Vacation Hours: \_\_\_\_\_ Adjust Hours: \_\_\_\_\_

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

**Employee 3**

First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Hourly: \_\_\_\_\_ Salary: \_\_\_\_\_ Regular Hours Worked: \_\_\_\_\_

Overtime Hours Worked: \_\_\_\_\_ Sick Hours: \_\_\_\_\_ Vacation Hours: \_\_\_\_\_ Adjust Hours: \_\_\_\_\_

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

**Employee 4**

First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Hourly: \_\_\_\_\_ Salary: \_\_\_\_\_ Regular Hours Worked: \_\_\_\_\_

Overtime Hours Worked: \_\_\_\_\_ Sick Hours: \_\_\_\_\_ Vacation Hours: \_\_\_\_\_ Adjust Hours: \_\_\_\_\_

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

|                         |                             |
|-------------------------|-----------------------------|
| Company Name: _____     | Authorization Number: _____ |
| Client Signature: _____ | Date: _____                 |
| Client Name: _____      | Title: _____                |