

Swedesboro-Woolwich Little Theater

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swlitleheater@gmail.com
856-371-8187

TIME SHEET



Employee Name: _____ Title: _____

Week of: _____

Date	Start Time	End Time	Total Hrs.
Weekly Totals			

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Please keep track of your hours daily.
You must sign-in upon arrival each day. A staff member will confirm your hours and sign your sheet at the end of each week.