



201_____ WEEKLY TIME SHEET

EMPLOYER:

Prepared for G-5 Employers

EMPLOYEE:
 WEEK ENDING:

EMPLOYEE SSN

Date	Start Time	End Time	Regular Hours	Overtime Hours*	Total Hours
PTO** HOURS					
WEEKLY TOTALS:					

* OVERTIME IS HOURS WORKED GREATER THAN 40 IN THE PAYROLL WEEK ** PTO = Paid Time Off

HOURLY RATE	NUMBER OF HOURS	AMOUNT
Regular Hours: \$		\$
Overtime Hours: \$		\$
TOTAL GROSS PAY (a)		(a) \$

GROSS PAY (a)	{a}\$	
Less Social Security Tax 6.2% (a * .062):	\$	or paid by Employer
Less Medicare Tax 1.45% (a* .0145)	\$	or paid by Employer
Less Withheld Employee Federal Income Tax:	\$	or Not Withheld
Less Withheld Employee State Income Tax:	\$	or Not Withheld

NET PAYMENT TO EMPLOYEE: \$

Payment Date: _____ via Check # _____ or EFT to Employee Bank Account
 [Cash Payments Not Acceptable]

Employee Signature Date:

Employer Signature Date:

Timesheet for G-5 employees whose contract states pay frequency of WEEKLY.
 Separate time sheets must be maintained for each week.
 Employee must be paid every week legally present in US and physically able to work.
 Time sheets, employee payment, and tax reporting subject to audit.