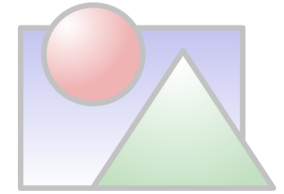


Timesheet



Adobe Derby
123 Any Ave
Any Town, State
Any Country
Any ZIP/Postal Code
Phone: 111-222-3333
Fax: 111-222-4444
www.example.com

Employee Name:

Employee ID:

Department Manager:

From (date):

To (date):

Activities	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
						Total Hours		
						Required Hours		
						Excess Hours		

Signature:

Date:

Authorized By: