

POST PRODUCTION TIME SHEET

NAME: _____ CLINT: _____

	TIME IN	TIME OUT	COMMENTS	JOB#	LOCATION	APPROVAL		
MONDAY ____/____/____								
MEAL BRK. (_____)								
TUESDAY ____/____/____								
MEAL BRK. (_____)								
WEDNESDAY ____/____/____								
MEAL BRK. (_____)								
THURSDAY ____/____/____								
MEAL BRK. (_____)								
FRIDAY ____/____/____								
MEAL BRK. (_____)								
SATURDAY ____/____/____								
MEAL BRK. (_____)								
SUNDAY ____/____/____								
MEAL BRK. (_____)								
	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	TOTAL
REGULAR								
OVERTIME								
DBL TIME								
MSD MEAL								
PENALTY								
SHORT TN								
OTHER								

EMPLOYEE SIGNATURE: _____ APPROVAL: _____