



TOTAL FACILITY SOLUTIONS, INC.

TIMESHEET BY EMPLOYEE

HOJA DE HORAS POR EMPLEADO

WEEK-ENDING DATE: _____
 ULTIMO DIA DE LA QUINSENA: _____

SUP INITIALS _____

EMPLOYEE NAME / SS #: _____
 NO. DE EMPLEADO: _____

	DATE FECHA																									
		IN	OUT	TL	IN	OUT	TL	IN	OUT	TL	IN	OUT	TL	IN	OUT	TL	IN	OUT	TL	IN	OUT	TL	IN	OUT	TL	
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