



SHT

SMITH, HALL, & TUNSON
LEGAL SERVICES

Payroll Sheet

FULL NAME: _____

DATE: _____

EMPLOYEE #: _____

WEEK OF: _____ TO _____

PLEASE FILL IN YOUR COMPLETE SCHEDULE FOR THE WEEK(S) IN QUESTION

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE							
HOURS							
CLIENT/SITE							

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE							
HOURS							
CLIENT/SITE							

TOTAL HOURS: _____

COMMENTS: _____

In order to process your payroll more rapidly, please make sure that you have filled in all of the necessary information:

SIGNATURE: _____

DATE: _____