



GODWIN CORPORATION  
 PHONE# 877.446.3946 ext 5 PAYROLL FAX# 301.434.3284

**TIMESHEET**

EMPLOYEE NAME: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_

DEPT# : \_\_\_\_\_

**TIME INCREMENTS**

15 mins= .25  
 30 mins= .50  
 45 mins= .75

ENDING DATE: \_\_\_\_\_

LOCATION : \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DAY OF WEEK																	
TYPE OF	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		TOTAL
HRS.	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	HOURS
SHIFTS (D/E/N/W)																	
TIME IN																	
LUNCH-OUT																	
LUNCH-IN																	
TIME OUT																	
<b>TOTAL HOURS</b>																	

VACATION																	
HOLIDAY																	
SICK LEAVE																	
<b>TOTAL HOURS</b>																	

**TOTAL HOURS** \_\_\_\_\_

Comments \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

Overtime is not permitted unless authorized by the government.

GOVERNMENT APPROVAL \_\_\_\_\_

PLEASE FAX SIGNED TIMESHEET TO 301.434.3284 ON THE 1ST AND THE 16TH OF EACH MONTH.

WORK PHONE NUMBER \_\_\_\_\_