WD Associates, Inc. Timesheet

Name:		*Pay Period*		Employee No.
		Beginning:	Ending:	

Week No. 1 To

Mon	Tue	Wed	Thur	Fri	Sat	Sun	Type	P.O. & Line No.	Accounting Distribution (if req.)	**S T**	**O T**
							ST				
							OT				
							H				
							V				
							S				
									Total Hours for Week No. 1		

Week No. 2 To

Mon	Tue	Wed	Thur	Fri	Sat	Sun	Type	P.O. & Line No.	Accounting Distribution (if req.)	**S T**	**O T**
							ST				
							OT				
							H				
							V				
							S				
*Client Verification: _____ (if required)									Total hours for Week No. 2		
									Total Hours (Week 1 + 2) =		

Per Diem	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Days of Per Diem @	=

Employee Signature:	Date:		WD Approval:

Description of Type: H = Holiday S = Sick V = Vacation ST = Straight Time O T = Over Time
F = Floater

* If required by the client, N/A if not required by the client