

## WD Associates, Inc. Timesheet

Name:	<i>Pay Period</i>	Employee No.
	Beginning:	Ending:

Week No. 1							To				
Mon	Tue	Wed	Thur	Fri	Sat	Sun	Type	P.O. & Line No.	Accounting Distribution (if req.)	ST	OT
							ST				
							OT				
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.)	ST	OT
							ST				
							OT				
*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	=

Employee Signature:	Date:	WD Approval:
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Description of Type: ST = Straight Time      OT = Over Time

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