

UBU TAX PROFESSIONALS ELITE

CONTRACTOR WEEKLY TIME SHEET

CONTRACTOR NAME	WEEK BEGINNING - ENDING

Day	Date	Start	Lunch Out	Lunch In	Other Out	Other In	Finish	Hours	OT Hours
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									

I hereby certify that this sheet shows the exact number of hours worked by me during the period covered

_____ Signature of Contractor

TOTAL HOURS STRAIGHT TIME OVERTIME _____

TOTAL HOURS TIME AND A HALF OVERTIME _____