



Cambridge Head Office/Accounting Inquiries: # 519-654-9388

Company : _____

Week-Ending: _____ (Saturday)

Your Name: _____ (Please Print)

	Date mm/dd/yr	Start Time am/pm	Lunch Break	Finish Time am/pm	Total Hours	Over Time Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Total Paid Weekly Hours: _____

Authorized by: _____ (Supervisor Signature)

Supervisor Name: _____ (Please Print)

****Supervisors: Please keep a copy after signing Timesheet.****

Employees: It is your responsibility to complete this timesheet daily and have your supervisor sign it at the end of the week. Return it to MG Head Office by Monday by NOON following the week you work in order to be paid on Friday. Timesheets received after the deadline will not receive a cheque until the following week.

Fax: # 519-654-9362

Email: belle@mcdonaldgreen.com