

Monthly Timesheet Registration

Fax number : 070-3117823
 Email : HR@bluelynx.nl

Employee's name EXAMPLE

Manager's Name EXAMPLE

Company EXAMPLE

Department EXAMPLE

Month

Date	AM	PM	Total Hours	Overtime	Vacation	Illness	Special Leave
1	9:00 - 12:00	12:30 - 17:30	8.00				
2	8:30 - 12:30	13:00 - 19:15	8.00	2.25			
3	vacation	vacation			8.00		
4	ill	ill				8.00	
5	special leave	moving home					8.00
6	8:30 - 12:00		3.50		4.50		
7	9:00 - 13:00		4.00			4.00	
8							
9							
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26							
27							
28							
29							
30							
31							
Total			23.50	2.25	12.50	12.00	8.00

Please fax/email your timesheet on the last working day of the month
 Prior to a vacation which runs into the next month, please be sure to fax/email your timesheet before you leave

 Employee's Signature

 Manager's Signature

 Date