



Name: \_\_\_\_\_

Week Ending: \_\_\_\_\_

## SECURITY TIME SHEET

							Office Use Only														
							Hours Paid					Hours Bill out									
Day	Date	Venue	Start	Finish	Breaks	Total	Mon-Fri Day	Mon-Fri Night	Sat	Sun	O/T Time & Half	O/T Doub Time	Other	Paid Stand-By Breaks	Mon-Fri Day	Mon-Fri Night	Sat	Sun	O/T Time & Half	O/T Doub Time	
Sat																					
Sun																					
Mon																					
Tues																					
Wed																					
Thurs																					
Fri																					
<b>Total</b>																					
<b>Meal Breaks Paid</b>																					

Comments/Reports:

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**Total** \_\_\_\_\_

**Bill out Total** \_\_\_\_\_

- Breaks M/F Day \_\_\_\_\_
- Breaks M/F Night \_\_\_\_\_
- Breaks Sat \_\_\_\_\_
- Breaks Sun \_\_\_\_\_
- Breaks O/T Time & Half \_\_\_\_\_
- Breaks O/T Double \_\_\_\_\_

Employee Signature: \_\_\_\_\_

= **Pay Total** \_\_\_\_\_

Checked By: \_\_\_\_\_

Verified By: \_\_\_\_\_