Week Ending:

Employee Name:

TASC Technical Services
Weekly Project Time Sheet Log

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		**Total Hours**	
Charge Number	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT	Reg	OT
Total Hours																

Employee Signature _____

Reviewed/Approved _____