Casino Hospitality Staff Timesheet

Name: Department:		Employee ID: Position:				
Daily H	ours					
Date	Day	Shift Start	Shift End	Break (min)	Total Hours	Notes
	Monday					
	Tuesday					
	Wednesday	,				
	Thursday					
	Friday					
	Saturday					
	Sunday					
Employ	ee/Manager	Comment				
Employee Signature:					Date:	
Manager Signature:					Date:	
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