

CROSS ACT 2020 TIMESHEET

Company Name: \_\_\_\_\_ TIN#: \_\_\_\_\_  
Employee name: \_\_\_\_\_ TEL #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ SS# \_\_\_\_\_  
Period (start to end) date: \_\_\_\_\_

Date	Start Time	End Time	Total Hours	Employee Initial	Supervisor Initial

**MONTHLY TOTAL:** \_\_\_\_\_ SS BENEFIT: \_\_\_\_\_  
DISBURSED: \_\_\_\_\_

By our signature(s), I/We certify that these hours are a true and accurate record of all time worked during the pay period.

Employee signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\*\*Attach copy of Valid ID or Valid Work Permit, whichever is applicable

Title \_\_\_\_\_