

# Wake County Board of Alcoholic Control

## Time Sheet

Store # \_\_\_\_\_

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

Employee		In	Out	In	Out	In	Out	Total
	Monday	_____	_____	_____	_____	_____	_____	
	Tuesday	_____	_____	_____	_____	_____	_____	
	Wednesday	_____	_____	_____	_____	_____	_____	
	Thursday	_____	_____	_____	_____	_____	_____	
	Friday	_____	_____	_____	_____	_____	_____	
	Saturday	_____	_____	_____	_____	_____	_____	
	Monday	_____	_____	_____	_____	_____	_____	
	Tuesday	_____	_____	_____	_____	_____	_____	
	Wednesday	_____	_____	_____	_____	_____	_____	
	Thursday	_____	_____	_____	_____	_____	_____	
	Friday	_____	_____	_____	_____	_____	_____	
	Saturday	_____	_____	_____	_____	_____	_____	
	Monday	_____	_____	_____	_____	_____	_____	
	Tuesday	_____	_____	_____	_____	_____	_____	
	Wednesday	_____	_____	_____	_____	_____	_____	
	Thursday	_____	_____	_____	_____	_____	_____	
	Friday	_____	_____	_____	_____	_____	_____	
	Saturday	_____	_____	_____	_____	_____	_____	
	Monday	_____	_____	_____	_____	_____	_____	
	Tuesday	_____	_____	_____	_____	_____	_____	
	Wednesday	_____	_____	_____	_____	_____	_____	
	Thursday	_____	_____	_____	_____	_____	_____	
	Friday	_____	_____	_____	_____	_____	_____	
	Saturday	_____	_____	_____	_____	_____	_____	

\_\_\_\_\_  
Store Manager

1. Please print the employee full name and have each employee sign below their name.
2. Make sure store #, week ending, and management has signed the time sheet.
3. Double check hours for accuracy.