Monthly Billable Hours

Name: ....

Department: ....

Supervisor: ....

Start date: ....

Regular hrs: ....

Hourly rate: ....

Day	Start time	Finish time	Break (h)	Regular hours	PTO (h)	Sick (h)	Overtime (h)	Total hours
MONTHLY TOTALS								
HOURLY RATE								
MONTHLY TOTAL PAY								

_____
Employee signature

_____
Date

_____
TOTAL MONTHLY HOURS

_____
Supervisor signature

_____
Date

_____
TOTAL MONTHLY PAY