

Department-Specific Timesheet Approval Form

The **department-specific timesheet approval form** sample streamlines the process of verifying employee work hours within distinct departments. It ensures accurate tracking and authorization tailored to each department's unique requirements. This form enhances efficiency and accountability across organizational workflows.

Department Information

Department Name	_____
Department Code	_____
Supervisor Name	_____

Employee Details

Employee Name	Employee ID	Position/Title
_____	_____	_____

Timesheet Period

Start Date	End Date
_____	_____

Daily Work Hours

Date	Hours Worked	Task/Project Code	Remarks
_____	_____	_____	_____
_____	_____	_____	_____

Employee Certification

I certify that the above hours are correct and represent the actual time worked.

Employee Signature: _____ Date: _____

Supervisor Approval

I have reviewed and approve the above timesheet.

Supervisor Signature: _____ Date: _____