

Bi-Weekly Time Sheet

NAME OF EMPLOYEE	FOR WEEKS ENDING
DEPARTMENT	EXEPTIONS

DAY OF WEEK	DATE	MORNING		AFTERNOON		OVERTIME		FOR OFFICIAL USE ONLY	
		IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS	OVERTIME HOURS
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									
TOTALS									

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION!
THIS TIME SHEET MUST BE PERSONALLY FILLED OUT AND SIGNED BY EMPLOYEE

AUTHORIZATION OF OVERTIME _____ EMPLOYEE SIGNATURE _____