

BI-WEEKLY TIME SHEET

EMPLOYEE NAME: _____

PAY PERIOD WEEK ENDING: _____

WEEK 1	A. M.		P. M.		TOTAL HOURS					
	IN	OUT	IN	OUT	REG	OT	HOL	PTO	OTHER	(Describe)
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Week 1 Totals										
WEEK 2										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Week 2 Totals										
GRAND TOTALS										

TIME SHEETS MUST BE TURNED IN BY MONDAY OF EACH PAY WEEK. ALL OVERTIME MUST BE APPROVED BY YOUR SUPERVISOR.

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____