

BI-WEEKLY TIMESHEET

First Name

Last Name

M

F

SIN

Personnel Number

Student Number

NB: Change of address, rates, account #'s, etc. should be submitted on a Bi-Weekly Set-Up/Change of Information Form and marked AMENDMENT.

DATE (i.e. June 1)	MORNING		AFTERNOON		EVENING		TOTAL HOURS	
	Start	Finish	Start	Finish	Start	Finish		
Sun:								
Mon:								
Tues:								
Wed:								
Thurs:								
Fri:								Wk. 1 Total
Sat:								
Sun:								
Mon:								
Tues:								
Wed:								
Thurs:								
Fri:								Wk. 2 Total
Sat:								

\$ _____
Hourly Rate

CC: _____ CF: _____
Account Number

Date