Biweekly Employee Timesheet

Company Name

Address 1
Address 2
City, State ZIP
(000) 000-0000
www.company-name.com

Employee Name: _____

Supervisor Name: _____

Week of: 6/24/2019

Day of Week	Regular [h]:mm	Overtime [h]:mm	Sick [h]:mm	Vacation [h]:mm	Holiday [h]:mm	Unpaid Leave	Other [h]:mm	TOTAL [h]:mm
Mon 6/24								0:00
Tue 6/25	8:00	2:15						10:15
Wed 6/26								0:00
Thu 6/27								0:00
Fri 6/28								0:00
Sat 6/29								0:00
Sun 6/30								0:00
Mon 7/1								0:00
Tue 7/2								0:00
Wed 7/3								0:00
Thu 7/4								0:00
Fri 7/5								0:00
Sat 7/6								0:00
Sun 7/7								0:00
Total Hrs:	**8:00**	**2:15**	**0:00**	**0:00**	**0:00**	**0:00**	**0:00**	**10:15**
Rate/Hour:	15.00	23.00	15.00	15.00	15.00	0.00	0.00	
Total Pay:	120.00	51.75	0.00	0.00	0.00	0.00	0.00	**$ 171.75**

Total Hours Reported (h:mm): 10:15
Total Pay: $171.75

_____
Employee Signature Date

_____
Supervisor Signature Date