BI-WEEKLY TIME SHEET

EMPLOYEE NAME:_____ PAY PERIOD WEEK ENDING:_____

	A. M.		P. M.		TOTAL HOURS					
WEEK 1	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:_____