BIWEEKLY TIME SHEET

Employee ID :

Name :

Title :

Dept. :

Start Date :

Number of Working Days per 2 Weeks :

Date	Day	Time				Hours			
		In	Out	In	Out	Normal	OT	Sick	Vac
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								
					Total Hour				
					Hourly Rate				
					Total Hour x Hourly Rate				
					TOTAL				

Notes :

Signature of Employee : _____ **Date:**

Signature of Supervisor : _____ **Date:**