Bi-weekly Time Sheet

Name Of Employee:			Week Of:		

Week Day	Morning		Afternoon		Overtime	
	In	Out	In	Out	In	Out
Mon.						
Tues.						
Wed.						
Thur.						
Fri.						
Total Hours						

Name Of Employee:			Week Of:		

Week Day	Morning		Afternoon		Overtime	
	In	Out	In	Out	In	Out
Mon.						
Tues.						
Wed.						
Thur.						
Fri.						
Total Hours						

I signify this to be true and correct.   Employee Signature _____