

Biweekly Time Sheet

Name _____

Period Ending _____

Dept and Account : _____

	Mon.	Tue.	Wed	Thus	Fri.	Sat	Sun	For Payroll Office
Date								
#								
Hours								
Type								

Date								
#								
Hours								
Type								
Total								

Employee Signature

Supervisor Signature

Please mark the space provided indicating the number of hours worked and/or the number of hours of paid time off.