

Bi-Weekly Timesheet

Employee Name: _____

Week Number: _____

Day	Start Time	Break Start	Break End	End Time	Overtime Start	Overtime End	Total Time
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							

Day	Start Time	Break Start	Break End	End Time	Overtime Start	Overtime End	Total Time
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							

Employee Signature: _____

Manager Signature: _____