

## BI-WEEKLY TIME SHEET

NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

ACCOUNT \_\_\_\_\_

*\*Please attach your pre-approval email for additional hours*

### BLACK OR BLUE INK ONLY

DAY	DATE	AM		TOTAL	PM		TOTAL	TOTAL AM/PM	OVERTIME		OVERTIME		OT TOTAL	Reason for Additional Hours
		IN	OUT		IN	OUT			IN	OUT	IN	OUT		
SAT														
SUN														
MON														
TUES														
WED														
THURS														
FRI														
SAT														
SUN														
MON														
TUES														
WED														
THUR														
FRI														

TOTAL Regular Hours \_\_\_\_\_

TOTAL OT \_\_\_\_\_

TOTAL \_\_\_\_\_