EMPLOYEE BIWEEKLY TIME RECORD

EMPLOYEE NAME________________________________ DATE________________________

EMPLOYEE NUMBER______________________________ DEPARTMENT __________________

JOB DESCRIPTION ____

WEEK ONE

DATE	JOB NUMBER	ACTIVITIES	TIME START		TIME FINISH		HOURS
						WEEK ONE TOTAL HOURS	

WEEK TWO

DATE	JOB NUMBER	ACTIVITIES	TIME START		TIME FINISH		HOURS
						WEEK TWO TOTAL HOURS	

AUTHORIZATION REQUIRED FOR ALL OVERTIME HOURS

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Supervisor's signature

TOTAL REGULAR HOURS	
TOTAL OVERTIME	

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