

EMPLOYEE NAME _____ DATE _____
 EMPLOYEE NUMBER _____ DEPARTMENT _____
 JOB DESCRIPTION _____

EMPLOYEE BIWEEKLY TIMESHEET

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

Supervisor's signature

TOTAL REGULAR HOURS

TOTAL OVERTIME