

# STAFF BIWEEKLY TIMESHEET

Name
Employee ID Number
Department

Date Pay Period Begins
Date Pay Period Ends

Week 1			Regular Hours		Absences	
Month/ Date	IN	OUT	Hours Worked	Prev + Daily	Hours Absent	Absence Code
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Week 1 Totals						

Week 2			Regular Hours		Absences	
Month/ Date	IN	OUT	Hours Worked	Prev + Daily	Hours Absent	Absence Code
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Week 2 Totals						

OVERTIME AUTHORIZATION				Supervisor:	
* All overtime requires Supervisor Approval *				Complete this section	
				# Of Hours	Emergency Overtime?
Date	Time	Reason			
Total Overtime Hours					

Supervisor: Complete this section	
SUMMARY OF HOURS	
Regular Hours	
Overtime Hours	
Emergency Overtime	
Holiday Hours Worked	
Vacation Hours	
Sick Hours	
Community Service	
Floating Holiday	
Personal Time	
Holiday	
Funeral, WC, Jury Duty	
<b>GRAND TOTAL HOURS</b>	

Employee's Signature	Date
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Supervisor's Signature	Date
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