

# BIWEEKLY TIME SHEET

COMPANY NAME:

EMPLOYEE ID:

COMPANY ADDRESS:

WEEK OF:

EMPLOYEE NAME:

DAY	DATE	START TIME	LUNCH IN	LUNCH OUT	END TIME	SICK HOURS	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									
TOTAL OVERTIME HOURS			TOTAL REGULAR HOURS				TOTAL HOURS		

DAY	DATE	START TIME	LUNCH IN	LUNCH OUT	END TIME	SICK HOURS	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									
TOTAL OVERTIME HOURS			TOTAL REGULAR HOURS				TOTAL HOURS		

HOURLY WAGE		OVERTIME WAGE		TOTAL PAY
TOTAL HRS WORKED		OVERTIME WORKED		