



BIWEEKLY TIME SHEET

Instructions for completing the time sheet are on the back.

Name _____ Employee No. _____ Department No. _____
(Please Print)

Supervisor's Name _____ Pay Period _____ to _____
(Sunday) (Saturday) (Year)

	HOURS WORKED			HOURS PAID NOT WORKED							HOURS NOT PAID NOT WORKED							APPROVED UNPAID LEAVES OF ABSENCE				
	1. DATE	2. REGULAR	3. OVERTIME	4. VACATION	5. SICK/PERSONAL	6. HOLIDAY	7. JURY	8. BEREAVEMENT	9. TARDY	10. WORKER'S COMPENSATION	11. OTHER	12. VACATION (Previously Paid)	13. SICK/PERSONAL	14. HOLIDAY	15. BEREAVEMENT	16. TARDY	17. OTHER	18. OCCASIONS	19. FAMILY	20. MEDICAL	21. SCHOOL	22. PERSONAL
SUNDAY																						
MONDAY																						
TUESDAY																						
WEDNESDAY																						
THURSDAY																						
FRIDAY																						
SATURDAY																						
SUNDAY																						
MONDAY																						
TUESDAY																						
WEDNESDAY																						
THURSDAY																						
FRIDAY																						
SATURDAY																						
TOTAL																						

Employee's Signature/Date _____

Revisions/Explanations _____

Supervisor's Signature/Date _____

FMLA: Self Family (Check one)

Overtime Approval/Date _____

ACCOUNTING DISTRIBUTION OF PAYROLL

Charge Number/ Cost Center/Project Number	Hours Paid		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Regular	Overtime														
TOTAL																

(More Space Provided on Back)

805-FRM034A

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