

Employees Name	BI-WEEKLY TIMESHEET											Ending:
	Scheduled	TIME		LUNCH		TIME		TIME		Actual	O.T.	PAY DATE:
	Daily Hrs	IN	OUT	IN	OUT	IN	OUT	IN	OUT	HRS	HRS	
<b>WEEK ONE OF PP#</b>												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
<b>WEEK TWO OF PP#</b>												
Saturday												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
<b>TOTAL:</b>								<b>TOTAL:</b>				
<b>PAYROLL USE ONLY</b>												
<b>Total Regular Hrs</b>												
<b>Total OT Hours</b>												
<b>Other Hours</b>												
<b>Leave Docking</b>												

TO THE EMPLOYEE: You are expected to enter accurate starting and ending times for all work periods. Entries should be accurate to the hour and minute. No supervisor or other District employee has the authority to allow or demand that you enter more or less time than you actually worked. Representations or instructions contrary to this statement should be reported to the personnel office. As the employee, I attest that the above time entries are correct and I hereby certify that the above hours accurately reflect the time worked for these days. I certify I have not worked any additional or overtime hours which have not been reported.

As the Supervisor, I hereby certify that this timesheet is correct. OVERTIME SAT & SUN MUST BE PRE-APPROVED.

SUPERVISOR SIGNATURE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_