

BI-WEEKLY TIME SHEET

[Company Name]

Street Address: _____
 Address 2: _____
 City, State ZIP: _____

Pay Period Start Date: _____
 Pay Period End Date: _____

Employee: _____
 Manager: _____

Employee Phone: _____
 Employee Email: _____

Date	Regular Hours	Overtime Hours	Sick	Vacation	Total
Monday					0.00
Tuesday					0.00
Wednesday					0.00
Thursday					0.00
Friday					0.00
Saturday					0.00
Sunday					0.00
Monday					0.00
Tuesday					0.00
Wednesday					0.00
Thursday					0.00
Friday					0.00
Saturday					0.00
Sunday					0.00
Total Hours	0.00	0.00	0.00	0.00	0.00
Rate Per Hour					
Total Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

 Employee Signature Date

 Manager Signature Date