

BI-WEEKLY TIME SHEET

Business Name: _____

Street Address: _____ Pay Period Start Date: _____

Address 2: _____ Pay Period End Date: _____

City, State ZIP: _____

Employee: _____ Employee Phone: _____

Manager: _____ Employee Email: _____

Date	Regular Hours	Overtime Hours	Holiday	Total
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Hours				
Rate Per Hour				
Total Pay				

Employee Signature Date

Manager Signature Date