

Non-exempt Employee

Bi-Weekly Timesheet

Name:

*Do not include time taken for meal break.

Empl ID #:_____ Department:

*Timesheets are due at HR/Payroll Office before 9am Friday of Week 2 of Pay Period.

*Timesheet Corrections due by Monday 9am following end of pay period.

Dates from Sunday ______ to Saturday ______ Week 1:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Total Hours							
· · · ·				· · · · · · · · · · · · · · · · · · ·	Total hou	rs for week 1	

Dates from Sunday ______ to Saturday ______ Week 2:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Total Hours							
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Total hours for week 2

Total Hours

Date:

Employee Signature:

I hereby certify this timesheet is a true and accurate record of my time worked.

To be completed by employee's supervisor:	
Account:	Pay Rate:
Supervisor Signature:	Date:
I hereby certify this timesheet is a true and accurate rec	ord of the above employee's time worked.