

Bi - Weekly Time Sheet

Employer: _____

Name: _____ Week Ending (Date) _____

Employee Number: _____ Pay Frequency: _____

Division: _____ Department _____

Day of the Week	In	Out	In	Out	Regular	Overtime Hours	Other	Notes*
* provide reasons for "No Hours Work"				Weekly Totals				

Week Ending (Date) _____

Day of the Week	In	Out	In	Out	Regular	Overtime Hours	Other	Notes*
* provide reasons for "No Hours Work"				Weekly Totals				
				Pay Period Total				

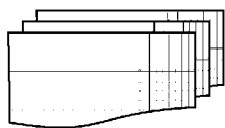
Because of the requirements of Federal and State Laws, it is imperative that this record be filled in completely and accurately. Under no circumstances must time worked be unrecorded.

I hereby certify that the above is an accurate record of time worked during this period.

EMPLOYEE SIGNATURE _____

To the best of my knowledge the above record is correct.

SUPERVISOR SIGNATURE _____



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