



Biweekly Timesheet

Employee Name: _____
Supervisor Name: _____

Department: _____
Weeks of: _____

Week 1					
Date	Start Time	Lunch Start	Lunch End	End Time	Total Hours

Week 2					
Date	Start Time	Lunch Start	Lunch End	End Time	Total Hours
				Total	

Employee Signature: _____
Supervisor Signature: _____

Date: _____
Date: _____