



actiTIME Biweekly Timesheet

Employee Name: _____ Department: _____
Supervisor Name: _____ Weeks of: _____
Rate per hour: _____

Week 1			
Date	Start Time	End Time	Total Hours

Week 2			
Date	Start Time	End Time	Total Hours
Total			
Wages			

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____