



Bi-Weekly Timesheet

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

Week 1						
Task	Monday	Tuesday	Wednesday	Thursday	Friday	Total

Week 2						
Task	Monday	Tuesday	Wednesday	Thursday	Friday	Total
					Total	
					Wages	

Employee Signature: _____
 Supervisor Signature: _____

Date: _____
 Date: _____