

BI-WEEKLY TIME SHEET

EMPLOYEE NAME: _____
 SOCIAL SECURITY #: _____ EMPLOYEE #: _____
 DEPARTMENT NAME: _____ PERIOD ENDING (DATE): _____

Indicate Day of Week	TIME IN	MEAL BREAK		TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS
		TIME OUT	TIME IN				
WEEKLY TOTAL							

PERIOD ENDING (DATE): _____

Indicate Day of Week	TIME IN	MEAL BREAK		TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS
		TIME OUT	TIME IN				
WEEKLY TOTAL							
GRAND TOTAL							

Employee Signature

Supervisor/Manager Signature



Mercer-Bucks Orthopaedics

Diplomates American Board of Orthopaedic Surgery