Bi-Weekly Timesheet

Week Starting:									
				_					
Employee Id: Employee Nam			e: Supervisor Name:						
			·						
Organization:									
Organization.				7					
Day	Client/Project	Task	Work	Check-	Check-	Break	Total	Non-	Total
Day of the	Chefit/Project	Iask	Details	In	Out	Hours	Hours	Billable	Work
week			Details	Time	Time	liouis	110013	Hours	Hours
Sun				1				110013	110010
Mon									
Tue									
Wed									
Thurs									
Fri									
Sat									
Sun									
Mon									
Tue									
Wed									
Thurs									
Fri									
Sat									
Weekly	Total								
Comments:									
Employee Signature:				Date:					
Supervi	sor Signature:	Da	Date:						

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