**Semi-Monthly Timesheet (1-15):**

Month/Year:

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|  |

Employee Id: Employee Name: Supervisor Name:

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| --- | --- | --- |
|  |  |  |

Organization:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day of the week** | **Client/Project** | **Task** | **Work Details** | **Check-In Time** | **Check-Out Time** | **Break Hours** | **Total Hours** | **Non-Billable Hours** | **Total Work Hours** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |
| **Total:** | **3** |  |  |  |

Comments:

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Employee Signature: Date:

|  |  |
| --- | --- |
|  |  |

Supervisor Signature: Date:

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[**Try OfficeClip Free Online Timesheet Software**](https://bit.ly/3oumY7H)