## Semi-Monthly Timesheet (16-31):

Month/Year:		
Employee Id:	Employee Name:	Supervisor Name:
Organization:		

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
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total:									

Comments:	
Employee Signature:	Date:
Supervisor Signature:	Date:

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