

Bi-Weekly Timesheet

Week Starting:

Employee Id:

Employee Name:

Supervisor Name:

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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
Sun									
Mon									
Tue									
Wed									
Thurs									
Fri									
Sat									
Sun									
Mon									
Tue									
Wed									
Thurs									
Fri									
Sat									
Weekly Total									

Comments:

Employee Signature:

Date:

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Supervisor Signature:

Date:

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