Semi-Monthly Timesheet (1-15):

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
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
Total:									

Comments:

Employee Signature: Date:

Supervisor Signature: Date: