

ABC Non-profit

1234 United Blvd.
 Dallas, TX 75555
 Telephone: (214) 111-4444; FAX: (214) 222-5555

BI-WEEKLY TIME SHEET

Employee Name: _____

Project Name: _____

Title: _____

Pay Period Ending: _____

Department: _____

Supervisor: _____

Task or Grant Project	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Total Hrs.
Grant: AmeriCorps		3.5							7						10.5
Grant: RSVP in Macon		2.5	1.5												4
Grant: AmeriCorps in Dekalb		1	3		0.25										4.25
Annual Leave						7									7
Sick Leave												7			7
Holiday															0
Leave: Other _____															0
TOTALS:	0	7	4.5	0	0.25	7	0	0	7	0	0	7	0	0	32.75

By signing below, I hereby attest that the time recorded on this time sheet is true and accurate to the best of my knowledge.

 Employee Signature

 Date

 Supervisor's Signature

 Date

Instructions:

1. Calculate all time in 15 minute increments, for example: 1.25, 2.50, 4.75.
2. Employee must submit timesheet to his/her supervisor by the ___ day of the pay period.
3. Sign timesheet with ink pen only.
4. Do not use "white-out" to correct mistakes, instead cross-out the error, write-in the correct number, and initial correction.