**Company Name**

**BI-WEEKLY TIME SHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name: | Insert Name | Supervisor: | | Insert Name |
| Department: | Insert Department | Period: | Start Date to End Date | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date  WEEK 1 | Day | Clock In | Clock Out | Begin Break | Break | Total Hours Worked | Total Overtime Hours |
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|  |  |  |  |  | **Weekly Totals** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date  WEEK 1 | Day | Clock In | Clock Out | Begin Break | Break | Total Hours Worked | Total Overtime Hours |
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|  |  |  |  |  | **Weekly Totals** |  |  |

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| --- | --- | --- | --- |
| Employee Signature: | Sign Here | Date: | DD/MM/YYYY |
| Supervisor Signature: | Sign Here | Date: | DD/MM/YYYY |

