

**COLUMBUS AIDS TASK FORCE
Bi-Weekly Timesheet**

EMPLOYEE NAME: _____

Period Begin Date: _____

Period End Date: _____

Week One	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
VACATION								0.0 Vacation
ILLNESS								0.0 Illness
SPECIAL LEAVE								0.0 Special Leave
HOLIDAY								0.0 Holiday
EXCUSED ABSENCE: DESCRIBE								0.0 Excused Absence
UNPAID LEAVE								0.0 Unpaid Leave
WORK ACTIVITIES: DESCRIBE								
In Office								0.0 In Office
Off-Site Meeting								0.0 Off-Site Meeting
On-Site Meeting								0.0 On-site Meeting
Conference								0.0 Conference
							Total Week One	0.0
Week Two	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
VACATION								0.0 Vacation
ILLNESS								0.0 Illness
SPECIAL LEAVE								0.0 Special Leave
HOLIDAY								0.0 Holiday
EXCUSED ABSENCE: DESCRIBE								0.0 Excused Absence
UNPAID LEAVE								0.0 Unpaid Leave
WORK ACTIVITIES: DESCRIBE								
In Office								0.0 In Office
Off-Site Meeting								0.0 Off-site Meeting
On-Site Meeting								0.0 On-site Meeting
Conference								0.0 Conference
							Total Week Two	0.0
							Total Hours This Period	0.0

Totals	
Regular Hours	0.0
Other Hours	0.0
Vacation Hours	0.0
Sick Hours	0.0
Holiday Hours	0.0
Total Hours	0.0
Unpaid Leave	0.0

Employee Signature: _____

Supervisor Approval: _____