



# Bi-Weekly Time Sheet

Employee's Name:.....  
 Last 4 of SS#: .....

Date of Submission: .....  
 Contact #: .....

**WEEK 1**

Day	Date	Time In	Time Out	Break Minutes	Paid Leave		Total Paid Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
<b>Total Paid Hours for Week 1:</b>							

**WEEK 2**

Day	Date	Time In	Time Out	Break Minutes	Paid Leave	Unpaid Leave	Total Paid Hours
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
<b>Total Paid Hours for Week 2:</b>							

Total Paid Hours for 2 Weeks:	
Total Unpaid Hours for 2 Weeks:	

\*Please Note: Time sheets are subject to be edited upon being received. If Human Resources thinks that any of the paid and/or unpaid columns are false, or simply incorrect, the department has the right to edit any of the above stated times. All employees will be notified about any changes made prior to the time the Employee's paycheck will be created. Upon being notified, the Employee can dispute any changes if they think the changes are being made in error. Please sign and fax to 301-952-6680.

*By signing the bottom of this page, I, the Employee, attest that the times reported on this time sheet are a true reflection of actual hours that I have worked, or hours that I have been previously approved for to be either paid leave or unpaid leave. I understand that any fraudulent statements on this page will be grounds for my termination.*

**Employee Signature:** ..... **Date:** .....

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*\*Office Use Only\**

**Approved By:** .....

**Date:** .....

**Signature:** .....