

### Bi-Weekly Time Sheet

Employee:	Social Security Number:
Position:	Hourly:
Employer/Medicaid Number:	Employer Date of Birth:
Pay Period: From:	To:

Day	Date	Start	Leave	Return	Leave	Return	Leave	Hours Worked	Description of Activities Performed
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									