**EMPLOYEE BIWEEKLY TIME RECORD**

EMPLOYEE NAME DATE

EMPLOYEE NUMBER DEPARTMENT

JOB DESCRIPTION

# WEEK ONE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | JOB NUMBER | ACTIVITIES | TIME START | | TIME FINISH | | HOURS |
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| **WEEK ONE TOTAL HOURS** | | | | | | |  |

**WEEK TWO**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | JOB NUMBER | ACTIVITIES | TIME START | | TIME FINISH | | HOURS |
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| **WEEK TWO TOTAL HOURS** | | | | | | |  |

**AUTHORIZATION REQUIRED FOR ALL OVERTIME HOURS**

Supervisor’s signature

**TOTAL REGULAR HOURS TOTAL OVERTIME**

