

Omega Schools

Bi-Weekly Time sheet

EMPLOYEE'S NAME _____ POSITON _____ RATE OF PAY _____

DEPARTMENT _____ SUPERVISOR _____ EMPLOYEE NUMBER _____

DAY OF THE WEEK	DATE	START	END	START	END	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
WEEKLY TOTALS								

EMPLOYEE'S SIGNATURE _____

DATE _____

SUPERVISOR'S SIGNATURE _____

DATE _____