

Bi-Weekly Time Card

[Company Name]

Employee Name:

Standard Pay Rate

[Company Address]

Employee Number:

Overtime Pay Rate:

[Company Phone Number]

Supervisor Name:

Weeks of:

Day	Date	Project/Tasks	Start Time	Breaks	Finish Time	Regular Hours	Overtime Hours	Other
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL HOURS FOR WEEK:								
RATE:								

SUB-TOTAL:

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WEEK ONE TOTAL:

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Day	Date	Project/Tasks	Start Time	Breaks	Finish Time	Regular Hours	Overtime Hours	Other
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

TOTAL HOURS FOR WEEK:

RATE:

SUB-TOTAL:

WEEK TWO TOTAL:

BI-WEEKLY TOTAL:

Additional Items			
Date	QTY	Cost Code	Comments

Employee Signature _____

Date:

Supervisor Signature _____

Date:

