Semi-Monthly Time Sheets

Employee Name: _____

Building Name: _____

Employee Number: _____

Pay Period		
Beginning Date:	/	/
Ending Date:	/	/

Note: Holidays Mark Time in & Time out if employee actually worked otherwise write the word Holiday in the space.

	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hrs.	Initials	Acct. Use
Sun								
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								

	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hrs.	Initials	Acct. Use
Sun								
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								

	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hrs.	Initials	Acct. Use
Sun								
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								

"I _____, do hereby certify that the above date, times and hours are correct. I furthermore certify that I have not obtained any injuries during the dates and times as indicated on this time sheet by placing my initials at the end of each specific work period". By signing this document I fully understand that I am certifying that this agreement is true, furthermore waiving my right to any future claim.

Accounting Use-Hourly Rate

Employee's Signature: _____ Date: _____

Verified and Approved By: _____ Date: _____

Please FAX this completed form to HR at or EMAIL directly to your immediate supervisor.
This form must be received on the 1st and 16th of each month.