SEMI-MONTHLY TIME SHEET FOR:

Full Name: _____
Address: _____
_____
Phone No.: _____

Pay Period _____, 20____ through _____, 20____
Soc. Sec. No.: _____

REGULAR TIME (FILL IN TIME IN & OUT)					OVERTIME (FILL IN TIME IN & OUT)		BREAKS (CHECK OFF EACH)		TOTAL HOURS	
Date	In	Out	In	Out	In	Out	✓	✓	Regular	O.T.

OT Approval:

TOTALS		
I certify that I have provided complete and accurate information in completing this time sheet. I understand that it is against company policy to provide false or incomplete information on time sheets.	Regular/OT Hours	
	Vacation Hours	
	Holiday Hours	
	Sick Pay Hours	
	TOTAL	

_____ _____
Signature Date