2 WEEK TIME CARD-EMPLOYEE TIME SHEET

PAY PERIOD:

FROM:_____ TO:_____

EMPLOYEE NAME:_____ NUMBER:_____

DATE	FROM	TO	REGULAR HOURS	PUB. HOL./OVRTM. HOURS	OTHER HOURS	COMMENTS
TOTAL HOURS – WEEK 1						
TOTAL HOURS – WEEK 2						
TOTAL HOURS – PAY PERIOD						

_____   _____

Self-Management Signature   Attendant Signature