

Department of Aerospace & Mechanical Engineering
Bi-Weekly Employee Time Record

Employee Name _____

Employee ID # _____

Payroll Period _____ through _____

Work Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
Regular								
Vacation								
Sick								
Holiday								
Other								

Work Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
Regular								
Vacation								
Sick								
Holiday								
Other								

I certify that this time sheet is a true record of time worked and/or leave time used.

Employee's Signature

Supervisor's Signature

ForAME Business Administration Use Only:

Regular	
Vacation	
Sick	
Holiday	
Other	