Semi-monthly Timesheet

Employee: _____

Month: _____

Hourly Wage: _____

Supervisor: _____

Overtime Wage: _____

Day of the Month	Weekday	Start Time	End Time	Regular Hours	Overtime Hours	Vacation/Sick Hours	Total Hours
1st							0
2nd							0
3rd							0
4th							0
5th							0
6th							0
7th							0
8th							0
9th							0
10th							0
11th							0
12th							0
13th							0
14th							0
15th							0
						Total Regular Hrs:	0
						Total Overtime Hrs:	0
						Total Pay:	$0.00

Day of the Month	Weekday	Start Time	End Time	Regular Hours	Overtime Hours	Vacation/Sick Hours	Total Hours
16th							0
17th							0
18th							0
19th							0
20th							0
21st							0
22nd							0
23rd							0
24th							0
25th							0
26th							0
27th							0
28th							0
29th							0
30th							0
31st							0
						Total Regular Hrs:	0
						Total Overtime Hrs:	0
						Total Pay:	$0.00

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____