Town of Fremont NH

2010 Bi-Weekly TIMESHEET

EMPLOYEE NAME:_____ DEPT:_____

PAY PERIOD FROM:_____ TO _____

WEEK 1

	DATE	IN	OUT	IN	OUT	IN	OUT	Hours	OT Hrs	Notes
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Comments:

Total Hours _____

Total Overtime Hours _____

WEEK 2

	DATE	IN	OUT	IN	OUT	IN	OUT	Hours	OT Hours	Notes
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Comments:

Total Hours _____

Total Overtime Hours _____

EMPLOYEE SIGNATURE

_____

DATE:

Total Hours for weeks 1 and 2 _____

Total OT Hours for weeks 1 and 2 _____

SUPERVISOR SIGNATURE

_____

DATE:

Posting Notes:

_____

_____

_____

_____

Form MUST be signed by Employee & Supervisor and submitted in accordance with payroll schedule.