



One Sky Community Services, Inc.
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BIWEEKLY HOURLY TIME SHEET

Staff Name _____ Program Name _____

WEEK BEGINNING: _____ WEEK ENDING: _____

Weekdays Date	Time IN	Time OUT	Activity	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

TOTAL WEEK 1 _____

WEEK BEGINNING: _____ WEEK ENDING: _____

Weekdays Date	Time IN	Time OUT	Activity	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

TOTAL WEEK 2 _____

EMPLOYEE SIGNATURE _____ DATE _____

TOTAL HOURS _____

SUPERVISOR SIGNATURE _____ DATE _____

NOTE Time sheets must be completed and submitted to the Payroll Office no later than noon on Monday for the previous week. Wages are paid on a bi-weekly basis.
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