Biweekly Time Sheet

Guadalupe County

Department: _____

Employee name: _____

Employee ID # : _____

Pay period start date: _____

Pay period end date: _____

Day	DATE	IN	OUT	IN	OUT	HOURS WORKED	Paid HOLIDAY	VAC used	SICK used	COMP used	On Call time	Notes/Comments:
SAT												
SUN												
MON												
TUE												
WED												
THU												
FRI												
												WEEKLY TOTAL

Day	DATE	IN	OUT	IN	OUT	HOURS WORKED	Paid HOLIDAY	VAC used	SICK used	COMP used	On Call time	Notes/Comments:
SAT												
SUN												
MON												
TUE												
WED												
THU												
FRI												
												WEEKLY TOTAL

Note: Benefits can only be used in increments of 15 min.

HOURS WORKED	Paid HOLIDAY	VAC used	SICK used	COMP used	On Call time	
						TOTALS FOR PAY PERIOD

I certify that this timesheet is an accurate & complete record of the hours worked. I also acknowledge that a timesheet is a govermental record which, if falsified, may be a violation of Texas Penal Code 37.10

_____   _____   _____   _____
Employee signature   Date   Supervisor/Dept Head signature   Date