

**SCHOOL DISTRICT OF COLBY
Bi-Weekly Time Sheet**

Name _____ Period Ending _____

Building _____ Position _____

DATE	DAY OF WK	IN	OUT	IN	OUT	TOTAL HRS	REG HRS	OT HRS
	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY							
	THURSDAY							
	FRIDAY							
	SATURDAY							
	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY							
	THURSDAY							
	FRIDAY							
	SATURDAY							
TOTAL								

Overtime should be calculated at the end of each week. (Sunday through Saturday with hours over 40) Please indicate the exact time the workday started and ended. Figure out regular hours worked and overtime worked each week, rounding each day to the nearest quarter hour (15-30-45). When absent, indicate the reason and the number of hours for each day. Please use the following codes when absent:
 P = Personal S = Sick E = Emergency
 WOP = With out Pay O = Other (please explain)

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____