



4670 11th Street
East Moline, IL 61244
309-796-2500
309-796-2911 Fax

Christan Schrader
Director

BI-WEEKLY TIME SHEET

NAME _____ TITLE OF POSITION _____

FIRST WEEK	DATE	TIME IN	TIME OUT	LUNCH TIME	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SECOND WEEK	*	*	*	*	*
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

TOTAL HOURS _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____