

Assiniboine Medical Clinic

Bi-weekly Time Sheet

Employee Name : _____

Department : _____

Week 1: _____

Day	Date	Morning In	Morning Out	Afternoon In	Afternoon Out	Hours
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<i>Total Hours Worked Week 1 =</i>						

Week 2: _____

Day	Date	Morning In	Morning Out	Afternoon In	Afternoon Out	Hours
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
<i>Total Hours Worked Week 2 =</i>						

<i>Total Hours Worked Week 1 + 2 =</i>	
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Supervisor's Signature: _____

OFFICE USE ONLY

Regular Hours	
Overtime Hours	