



# Diocese of Rockford Bi-Weekly Time Sheet

\_\_\_\_\_

Parish, School, or Agency \_\_\_\_\_

Employee Name \_\_\_\_\_ 2 weeks ending \_\_\_\_\_

Week Ended	Morning		Afternoon		Regular Hours
	Time In	Time Out	Time In	Time Out	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					
Week Ended	Morning		Afternoon		Regular Hours
	Time In	Time Out	Time In	Time Out	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total					

**No person is permitted to work overtime without special authorization.**

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of supervisor if overtime requested

Office Use Only:	
Regular	_____
Overtime	_____
Vacation	_____
Holiday	_____
Sick	_____
Other	_____
Total	_____