# Diocese of Rockford
# Bi-Weekly Time Sheet

Parish, School or Agency: _____ City:_____

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

Office Use Only:

Regular _____
Overtime _____
Vacation _____
Holiday _____
Sick _____
PPT _____
Other _____

Total _____

Rev. 2024