

CALVIN THEOLOGICAL SEMINARY

A community of faith. A center of learning. A life ministry

Staff Bi-weekly Timesheet - Submit on Friday to supervisor

Total Hours _____	Regular Hours	R _____
Name: _____	Vacation Hours	V _____
Department: _____	Sick Hours	S _____
Period Ending Date: _____	Overtime Hours	O _____

Week One						
Day	Date	In	Out	In	Out	Hours Worked
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total Regular Hours:						

Week Two						
Day	Date	In	Out	In	Out	Hours Worked
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Total Regular Hours:						

I hereby certify that this timecard is a true statement of the hours worked by this employee and that the work has been completed in a satisfactory manner.

Dept. Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____