



Non-Exempt Employee Bi-Weekly Timesheet

INSTRUCTIONS

*Do not include time taken for meal break.

*Timesheets are due at HR/Payroll Office before 9am Friday of Week 2 of Pay Period.

*Timesheet Corrections due by Monday 9am following end of pay period.

Name: _____

Empl ID #: _____

Department: _____

Week 1: Dates from Sunday _____ to Saturday _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Total Hours | | | | | | | |
| Total hours for week 1 | | | | | | | |

Week 2: Dates from Sunday _____ to Saturday _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Total Hours | | | | | | | |
| Total hours for week 2 | | | | | | | |

Total Hours

Employee Signature: _____

Date: _____

I hereby certify this timesheet is a true and accurate record of my time worked.

Work shifts over 6 hours require at least 1/2 hour off-the-clock meal period (MGL c. 149 s.100).

My initials here indicate I have waived my right to an unpaid meal break this payroll reporting period.

To be completed by employee's supervisor:

Account: _____ Pay Rate: _____

Supervisor Signature: _____ Date: _____

I hereby certify this timesheet is a true and accurate record of the above employee's time worked.