THE UNIVERSITY OF MEMPHIS

STUDENT OR TEMPORARY BI-WEEKLY EMPLOYEE TIME SHEET

NAME: _____   UNIVERSITY ID NUMBER: _____

THE DATE PERIOD BEGINNING: _____   AND ENDING: _____

FIRST WEEK:	**SECOND WEEK:**
SATURDAY TOTAL HOURS PRESENT: _____	SATURDAY TOTAL HOURS PRESENT: _____
SUNDAY TOTAL HOURS PRESENT: _____	SUNDAY TOTAL HOURS PRESENT: _____
MONDAY	**MONDAY**
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
TOTAL HOURS PRESENT: 0.0	TOTAL HOURS PRESENT: 0.0
STRAIGHT OVERTIME: _____	STRAIGHT OVERTIME: _____
PREMIUM OVERTIME: _____	PREMIUM OVERTIME: _____
TOTAL HOURS: 0.0	TOTAL HOURS: 0.0
TUESDAY	**TUESDAY**
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
TOTAL HOURS PRESENT: 0.0	TOTAL HOURS PRESENT: 0.0
STRAIGHT OVERTIME: _____	STRAIGHT OVERTIME: _____
PREMIUM OVERTIME: _____	PREMIUM OVERTIME: _____
TOTAL HOURS: 0.0	TOTAL HOURS: 0.0
WEDNESDAY	**WEDNESDAY**
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
TOTAL HOURS PRESENT: 0.0	TOTAL HOURS PRESENT: 0.0
STRAIGHT OVERTIME: _____	STRAIGHT OVERTIME: _____
PREMIUM OVERTIME: _____	PREMIUM OVERTIME: _____
TOTAL HOURS: 0.0	TOTAL HOURS: 0.0
THURSDAY	**THURSDAY**
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
TOTAL HOURS PRESENT: 0.0	TOTAL HOURS PRESENT: 0.0
STRAIGHT OVERTIME: _____	STRAIGHT OVERTIME: _____
PREMIUM OVERTIME: _____	PREMIUM OVERTIME: _____
TOTAL HOURS: 0.0	TOTAL HOURS: 0.0
FRIDAY	**FRIDAY**
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
IN: ____ OUT: ____ NO. OF HOURS: _____	IN: ____ OUT: ____ NO. OF HOURS: _____
TOTAL HOURS PRESENT: 0.0	TOTAL HOURS PRESENT: 0.0
STRAIGHT OVERTIME: _____	STRAIGHT OVERTIME: _____
PREMIUM OVERTIME: _____	PREMIUM OVERTIME: _____
TOTAL HOURS: 0.0	TOTAL HOURS: 0.0
TOTAL HOURS PRESENT IN WEEK 1: 0.0	TOTAL HOURS PRESENT IN WEEK 2: 0.0
STRAIGHT OVERTIME: 0.0	STRAIGHT OVERTIME: 0.0
PREMIUM OVERTIME: 0.0	PREMIUM OVERTIME: 0.0
TOTAL HOURS IN WEEK 1: 0.0	TOTAL HOURS IN WEEK 2: 0.0

TOTAL HOURS FOR THE TWO WEEK PERIOD: _____ 0.0

EMPLOYEE'S SIGNATURE: _____   DATE: _____

SUPERVISOR'S SIGNATURE: _____   DATE: _____