



HASLETT PUBLIC SCHOOLS
BI-WEEKLY TIME REPORT

NAME: _____

EMPLOYEE # _____

POSITION: _____

RATE OF PAY: _____

WEEK ONE:

BEGINNING DATE: _____

DAYS	DATE	CHECK IN TIME	CHECK OUT TIME	CHECK IN TIME	CHECK OUT TIME	REG HOURS	OT HOURS	REASON FOR OT / ABSENCE
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
TOTAL HOURS								

WEEK TWO:

BEGINNING DATE: _____

DAYS	DATE	CHECK IN TIME	CHECK OUT TIME	CHECK IN TIME	CHECK OUT TIME	REG HOURS	OT HOURS	REASON FOR OT / ABSENCE
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
TOTAL HOURS								

Federal Wage and Hour Law requires that check in and check out times are recorded.

I hereby certify that I was present and worked the above hours.

ACCOUNT NUMBER TO BE CHARGED

Signature of Employee

Authorizing Signature