

MOUNT CROSS LUTHERAN CHURCH *Bi-Weekly Time Sheet*

Employee Name: _____

Period Beginning Date: _____

Period Ending Date: _____

Day	Start Time	Stop Time	Start Time	Stop Time	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS					

- S** = Sick Leave (2 hour minimum)
- V** = Vacation
- O** = Other Leave

I certify that these hours are a true and accurate record of all time worked during the pay period.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____