## Semi-Monthly Timesheet (1-15):

Month/Year:

| |
|---|
| |

| Employee Id: | Employee Name: | Supervisor Name: |
|---|---|---|
| | | |

Organization:

| |
|---|
| |

| Day of the week | Client/Project | Task | Work Details | Check-In Time | Check-Out Time | Break Hours | Total Hours | Non-Billable Hours | Total Work Hours |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| **Total:** | | | | | | | | | |

Comments:

| |
|---|
| |

| Employee Signature: | Date: |
|---|---|
| | |

| Supervisor Signature: | Date: |
|---|---|
| | |

Powered by OfficeClip