Semi-Monthly Timesheet (16-31):

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
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total:									

Comments:

Employee Signature:	Date:

Supervisor Signature:	Date:

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