

CHARLES COUNTY GOVERNMENT  
DES BI-WEEKLY TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ID NUMBER: \_\_\_\_\_

Week One End

Time Sheet Week # 1	SATURDAY (Starts 1900)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY (Ends 1900)	
DATE									
Scheduled Shift (Begin - End)									
Other Shift (Begin - End)									
SNW (Begin - End)									
SNW (Begin - End)									
Other _____									
<b>TOTAL HOURS WORKED</b>									
SWW (Begin - End)									
SWW (Begin - End)									
Annual Leave Taken									
Sick Leave Taken									
Compensatory Leave Taken									
Other _____									
<b>Total Leave Hours Taken</b>									

Week Two End

Time Sheet Week # 2	SATURDAY (Starts 1900)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY (Ends 1900)	
DATE									
Scheduled Shift (Begin - End)									
Other Shift (Begin - End)									
SNW (Begin - End)									
SNW (Begin - End)									
Other _____									
<b>TOTAL HOURS WORKED</b>									
SWW (Begin - End)									
SWW (Begin - End)									
Annual Leave Taken									
Sick Leave Taken									
Compensatory Leave Taken									
Other _____									
<b>Total Leave Hours Taken</b>									

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

THIS FORM MUST BE MAINTAINED FOR A MINIMUM OF THREE YEARS